

# Taking the Hit

Student drug use and how  
Institutions respond





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## Foreword

When I was an undergraduate, I lived with a queer student of colour who had a history of drug addiction. I saw how homophobia, racism and imprisonment had affected his life in profound ways. As a result, I got involved in student organising around drug policy and harm reduction, eventually becoming the president of Students for Sensible Drug Policy UK. In that role, I met hundreds of students who used drugs; most recreationally, some problematically. The overwhelming narrative was that students were not getting the right support from educational institutions that were supposed to care for them. This was especially the case for the queer and trans students I met, who because of estrangement and other factors, depended more on their educational institutions for support than their cis and straight counterparts.

Despite the stereotype of students as hedonistic party animals who frequently use drugs, researchers have done very little work on understanding or exploring the contexts, motivations and impacts of student drug use. In thinking about how to best support students who use drugs, NUS noted that national drug policy is frequently criticised for its moralistic, punitive approach, which clashes with the evidence-based harm reduction approach of drug law reformers. In order to start our own conversation on supporting students who use drugs, we needed an evidence base of our own.

The NUS Students' Drug Survey is the largest, cross-campus study into the attitudes and experiences of students who use drugs in the UK, and is a collaboration between the NUS Trans Campaign and the NUS Welfare Zone. We were pleased to work with Release, the national centre of expertise on drugs and drugs law, on this report. Release provides free, non-judgemental, specialist advice and information on issues related to drug use and drug laws. It also campaigns directly on issues that affect its clients.

The findings in this report paint a complex picture of student drug use, one that has both positive and negative impacts on students' lives. In doing so, it contrasts with some university, college and students' union drug policies, which see student drug use wholly as a problem to be eradicated through suspensions, evictions and surveillance. We believe that these punitive measures rarely help. Instead, they make our educational institutions complicit in practices that prevent marginalised and potentially vulnerable students from seeking help and support when they should be minimising any harms associated with criminalisation and of drug use itself. Our research points to several recommendations which, if implemented, would make significant contributions to making student life safer and more enjoyable for all.

This study is just the start of conversation. We need students' unions, sabbatical officers and activists to incorporate these recommendations into active campaigns, in order to ensure that meaningful support and harm reduction work can take place on our campuses and in our communities.

In solidarity,

Jess Bradley  
NUS Trans Officer 2017/18

# Acknowledgements

NUS and Release would like to extend our sincere thanks to the students who took part in this survey. In particular, we would like to thank those who shared personal stories and revisited challenging experiences with us. We hope that this will help to create supportive and compassionate approaches to drug use in education.

We would particularly like to acknowledge the following people who contributed to this report:

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## Executive summary

This study of student drug use takes a two-pronged approach. Firstly, it included an exploration of students' attitudes to, and experiences of, drugs through the 2,810 students at UK providers who responded to the Students' Drug Survey launched in February 2018. Secondly, it incorporated an analysis of the policy responses of UK higher education institutions relating to drug use. This data was collected through freedom of information requests sent to a sample of 151 universities/colleges and an independent assessment of those institutions' policies and support relating to student drug use via a content analysis.

For the purposes of this research the term 'drugs' is restricted to all controlled or illegal substances as well as non-prescribed drugs and novel psychoactive substances (previously known as legal highs). Whilst tobacco and alcohol are also psychoactive substances we have excluded them from our definition.

### Key findings

While care should be taken in extrapolating these findings to the student population generally as it is not a prevalence study, we found that drug use is a fairly common, although infrequent, behaviour among survey respondents. The vast majority do not report having experienced problematic drug use:

Thirty-nine per cent of students responding to the survey currently use drugs, with a further 17 per cent having done so in the past. Just over half (56 per cent) of respondents have therefore used drugs. Cannabis was the most frequently taken drug, having been used at some point by 94 per cent of respondents who said that they have used drugs. Cannabis was also the only drug in our survey that was more likely to be used regularly, rather than on special occasions.

Ecstasy/MDMA was the second most commonly used drug, having been taken by two thirds (67 per cent) of respondents who have used drugs. Nitrous oxide and cocaine have both been used by just over a half of this group.

Six per cent of respondents who have used drugs said that they use 'study drugs' (drugs taken to improve focus and motivation) at least once a month and one in five of this same group have taken them at some point. Overall one in ten of all students responding to the survey have ever taken study drugs.

Respondents were most likely to take drugs at home/in student accommodation, with 86 per cent of respondents who have used drugs saying they do so here. This was also the location with the highest amount of reported daily use, with one in seven respondents (14 per cent) saying they have used drugs here. House parties were a similarly popular location for drug taking (86 per cent), though this was more likely to take place on special occasions.

Respondents were least likely to report using drugs in students' union venues such as the bar.

### Student attitudes towards drug use

The majority of all respondents (62 per cent) showed relaxed attitudes towards student drug use and said they do not have a problem with students taking drugs recreationally. On a positive note, most respondents (84 per cent) also said that they do not feel pressure to take drugs at college or university.

Respondents showed mixed attitudes towards the existing student drugs culture, with 25 per cent agreeing there is a problematic drug culture on their campus but 44 per cent disagreeing with this.

Respondents who have used drugs showed confidence in their own safety while using drugs. Two-thirds (64 per cent) said they feel safe when taking drugs and half said they are certain they know what is in the drug they are taking.

### Motivations for student drug use

Respondents mainly used drugs for recreational purposes (80 per cent). Four in 10 respondents (39 per cent) had used drugs to enhance their social interactions and one-third (31 per cent) had done so to help deal with stress.

Less commonly cited reasons for respondents using drugs were to improve their confidence, cope with a difficult life event and enhance sex, demonstrating incredibly diverse motivations.

Mental health is clearly a factor in student drug use; 31 per cent of respondents who have used drugs say they have done so to deal with stress and 22 per cent to self-medicate for an existing mental health problem.

Students from certain liberation groups (women, LGBT+ and disabled students) were significantly more likely to name motivations for taking drugs linked to their mental health. In addition, disabled students were more likely to have used drugs to self-medicate for a physical health problem.

### Impacts of student drug use

Less than half of those who have used drugs felt it had affected their academic attendance in some way (746 of 1,548 respondents). The majority of respondents who reported having experienced this stated it had led to them missing a seminar, lecture or class (66 per cent) or having arrived late to one (47 per cent). Conversely, 29 per cent of this group said that drug use had led to them attending a class they would have otherwise not attended.

Some 210 respondents (14 per cent) who have used drugs have come into contact with the criminal justice system as a result of doing so. A large majority (88 per cent) of this group have been searched for drugs by police or security personnel. Fifty-four respondents (26 per cent) had received a police caution, 10 per cent had been arrested, 8 per cent had been fined and 7 per cent had been charged with possession.

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The impact of drugs on respondents' social experience was the most popular reason for taking them, with 74 per cent of those who have used drugs (1,140 respondents) reporting this. Eighty per cent of this group felt that drugs had helped them make new friends. The same proportion said that drugs had helped them to become closer to existing friends or family members. Men were significantly more likely than women to have become closer to friends or relatives as a result of taking drugs.

Some 775 respondents felt that drug use had affected their health. Two-thirds of these respondents stated that taking drugs had improved their day-to-day experience of an existing mental health condition yet one-third felt that a mental health condition had worsened as a result of drug use. Twenty-seven per cent of respondents who felt that drug use had affected their health reported a positive impact on an existing physical health condition as a result of taking drugs, compared to 9 per cent who reported the opposite. Five per cent of this group reported experiencing a new physical health problem caused by drug use.

Students from liberation groups reported greater positive impacts on their health from drug use. Lesbian, queer and non-binary students were more likely than their straight or cis counterparts to report having improved existing mental health conditions through drug use. Disabled students were significantly more likely than those who are not disabled to report that taking drugs improved their day-to-day experiences of existing mental and physical health conditions.

## Policies and support

A third of respondents (36 per cent) said they do not know where to access advice or information on drugs, and do not need to do this. Almost half (46 per cent) said they know where to access information but they do not need it citing peers and the government-run service Talk to Frank service as the most well-known sources. One in 10 respondents (11 per cent) have used the advice and information about drugs that is available.

Seven per cent do not know where to go for information on drug use but would like to access this information.

Among those who would like information about drugs but do not know where to go for it, their preferred main sources of information would be through their university/college, on the internet or through their students' union. Respondents also emphasised a desire for harm reduction approaches to support, such as drug checking services.

For those who needed advice and knew where to go for it, peers (70 per cent) and online user forums (63 per cent) were the most frequently used information sources. Four in 10 respondents (43 per cent) have used the Talk to Frank. Students are more against, rather than in favour of, universities/colleges issuing punishments for drug use. Forty-seven per cent of respondents agreed that universities/colleges should not punish students who take drugs, whereas 27 per cent disagreed. Fairly similar amounts agreed (37 per cent) and disagreed (24 per

cent) that their university/college's existing drugs policy is too focused around punishing students.

Half (51 per cent) of the student respondents said they feel confident that if they turned to their university/college for support with their drug use, it would be dealt with appropriately.

Respondents were most satisfied with the standard of drug-related advice and information provided by expert organisations such as Release and Drugsand.me, online user forums and peers. They were comparatively less satisfied with advice and information provided by their university/college and students' union.

### Institutional policies and support

Considering the above finding, 125 of the 151 universities/colleges sampled reported signposting students to in-house services if they are found in possession of a controlled drug. None of these institutions reported signposting these students to online user forums.

The type of support available to students who use drugs is largely targeted at those who experience problems with their drug use. Despite making up an overwhelming majority of student respondents, support was much less targeted at those who use drugs non-problematically or those who do not use drugs.

A small number of universities/colleges reported requiring students to engage with mandatory support relating to their drug

use – as opposed to offering such support, which can be an ineffective approach and detrimental to a students' wellbeing.

Students' attitudes towards, and awareness of, their educational institutions' drug policy was mixed. While 35 per cent of respondents said they were aware of this, 51 per cent said they were not aware and 14 per cent said they did not know. This indicates that 'zero tolerance' disciplinary approaches to drugs, which rely on students' awareness of the policy to deter certain behaviours, cannot be effective deterrents.

Whilst respondents tended to disagree that their educational institutions' drugs policy does not do enough to punish students who take drugs 40 per cent of them also said they would not feel confident in disclosing information about their drug use to their college without fear of punishment. This suggests that a less punitive approach would remove barriers to students seeking support around drug issues if they needed it.

Surveillance measures to detect drugs on campus or identify student drug-related misconduct, such as drug swab testing and sniffer dogs, are in place in a number of educational institutions.

When a student is caught in possession of a controlled drug, educational institutions adopt a range of disciplinary outcomes. Just over half (77) of the institutions identified 'no further action' as a possible outcome, indicating an informal resolution. In terms of formal disciplinary procedures for

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student drug possession, the most common were: a formal warning (75 per cent /115 institutions); temporary exclusion (74 per cent/113); permanent expulsion (70 per cent/107); reporting the student's misconduct to the police (68 per cent/104); eviction from student accommodation (61 per cent/93); and referral to fitness to practise procedures (procedures that ensure a student has the skills, knowledge, health and character to do the profession they are training for job safely and effectively, 61 per cent/93).

In the 2016/17 academic year, there were at least 2,067 recorded incidents of student misconduct for possession of drugs. While many were resolved via a formal warning or another type of sanction, such as a fine, at least one in four incidents (531) were reported to the police. There were 21 permanent exclusions from higher education for possessing a drug for personal use.

At least 56 per cent (82) of educational institutions can discipline students for drug-related behaviour that does not constitute a criminal offence. These include: the use (rather than, or in addition to, possession) of drugs (52 per cent/79); the possession of a drug controlled under the Psychoactive Substances Act 2016 (16 per cent/24). One per cent of institutions (2) discipline students for possessing drug paraphernalia. Some 16 per cent (24) of UK universities incorrectly advise students that the use of drugs is a criminal offence.

Among the 31 per cent (47) of educational institutions that explicitly refer to drug-

related behaviour as grounds for concern about a student's fitness to practise (relating to their course, e.g. medicine or law), most referred to behaviour that constitutes a criminal offence (eg supplying a controlled drug) and/or substance misuse. Some institutions also identified antisocial or unprofessional behaviour arising while under the influence of drugs as factors relating to a student's fitness to practise.

Many student accommodation providers also discipline students for drug-related behaviour that is not a criminal offence or does not incur criminal liability (such as their premises being used to produce or supply drugs). Drug-related misconduct (in particular, drug possession or smoking cannabis on the premises) is a breach of the licence agreement of student accommodation. Many accommodation providers identify immediate eviction as the sole disciplinary outcome of this behaviour, with the possibility of reporting the student to the police.

The report also outlines a number of recommendations for NUS, students' unions, educational institutions, student accommodation providers and Release to be able to respond effectively to, and better support, students who use drugs.

# Introduction

## The aim of this research

This piece of research was commissioned by the NUS Trans Campaign. We wanted to hear what all students, regardless of gender identity, have to say about drugs, which drugs they are using and why. We wanted to ask students how using drugs had affected them and, crucially, how this affected disadvantaged students in particular. We also wanted to know about the work that educational institutions and students' unions are doing around drugs.

Through the Crime Survey of England and Wales (CSEW) the government already collects comprehensive data that is representative of the population in relation to drug use. As such this report does not intend to be a prevalence or census study but aims to explore the student-specific trends and patterns CSEW does not pick up<sup>1</sup>. We chose to ask students to disclose details about drug use, and our findings will focus on who is more likely to use what, why they do this and what this means.

Throughout this survey, when we use the word 'drugs' we are referring to all controlled or illegal substances, including non-prescribed drugs and novel psychoactive substances (commonly known as 'legal highs', although this is now an inaccurate description). While alcohol and tobacco are also psychoactive substances, they are not included within the definition of 'drugs' for the purposes of this research.

Our vision for this research is to be able to build campaigns, policies and communities that keep students safe and allow them to thrive in education. It aims to challenge the stereotypes around student drug use by bringing student voices to the forefront of the debate and policymaking. We want to work with universities, colleges and students' unions to develop drug policies that best reflect the needs of students. This research also intends to break down the stigma around student drug use and to encourage educational institutions and students' unions to do more to help students stay safe and healthy.

## The policy context

The Crime Survey of England and Wales 2016/17 states that 8.5% of adults (16-59 year olds) had taken drugs in the past year and this figure increases significantly among 16-24 year olds to 19.2%. While this means that one in five young people have recently used drugs it is important to note that drug use among this age group has significantly decreased in the past decade (24.2% in 2006/07) and is driven by a reduction in cannabis use. This decline is also seen in the wider population. During their lifetimes over a third (34.2%) of adults aged 16 to 59 had taken drugs at some point demonstrating it as a fairly common behaviour.

In recent years, UK drug policy has shifted its focus to attempting to reduce drug use rather than harm from drug use. This approach is increasingly dangerous in an

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era of record numbers of drug-related deaths (including record numbers of deaths involving cocaine and MDMA/ecstasy) and reduced funding for drug services.

The UK Drug Strategy for 2017 recognises that “Colleges, universities and other education providers and settings also have a key role to play as they work with millions of young people and young adults at a critical transition period in their lives” (Home Office, 2017).<sup>2</sup> The strategy cites drug prevention initiatives and support for those experiencing substance misuse as examples of the type of support these educational institutions can provide. Yet students also need to be equipped with harm reduction advice and information so they can make more informed choices about drug use and reduce the risk of associated health problems.

The government has continued to favour a criminal justice approach to reducing the demand for drugs, despite evidence that this approach is inefficient and harmful for people who use drugs.

The Home Office’s own evaluation of the Drug Strategy for 2010 estimated that £1.6 billion was spent on enforcement activities to reduce the supply of drugs in 2014/15, with no demonstrated impact on the availability of drugs. Furthermore, the evaluation cited many “potential unintended consequences” of this approach including “health harms from varying purity of drugs” and the “negative impact of involvement with the criminal justice system”. Some police forces have adopted alternative responses to drug use, such as the

diversion scheme implemented in Avon and Somerset, which deals with a drug possession offence outside of the criminal justice system and has better outcomes without the harmful effects of criminalisation.<sup>3</sup>

At the same time, we have seen a global shift in more favourable attitudes towards drugs such as cannabis. A number of US states have regulated the cannabis market, meaning that its production, supply and use is legal. Other countries have decriminalised the possession and use of all drugs meaning that they are treated as a civil rather than criminal offence.<sup>4</sup> In contrast, we have seen the so-called ‘war on drugs’ rage on around the world, with people of colour and working class communities being disproportionately targeted by police.

The policy environment that prevails in the UK continues to treat drug use as a criminal issue, with the main goal being to eradicate – or at least suppress – all illicit drug use rather than reduce the potential harms associated with drugs. This means that our understanding of drug use remains inaccurate and that policymaking continues to be ineffective. Furthermore, ongoing ambiguity around drugs allows the stigma attached to drug use to continue, preventing many people who use drugs from keeping themselves safe or accessing information and support when they need it.<sup>5</sup>

## Findings from the student survey

The Students' Drug Survey, launched in February 2018, received responses from 2,810 UK-based students. We began by asking students if, and how frequently, they use drugs. Overall, four in 10 (39 per cent) reported that they currently use drugs.

Seventeen per cent of respondents told us that they do not use drugs but they have done so in the past, meaning that 56 per cent of our overall respondents reported having used drugs at some point.

Respondents were most likely to say that they use drugs occasionally (23 per cent of all respondents), with a further 10 per cent of all respondents saying that they use drugs regularly and 6 per cent using them on most days.

The most popular drug was cannabis, with 72 per cent of respondents who have used drugs reporting that they currently use cannabis. Nearly a quarter (23 per cent) of this group told us that they have used cannabis in the past but no longer do so, meaning that 95 per cent of respondents who have used drugs said they have used cannabis at some point. Half of these respondents (50 per cent) told us that they use cannabis regularly (described in the survey as once a month or more), with a

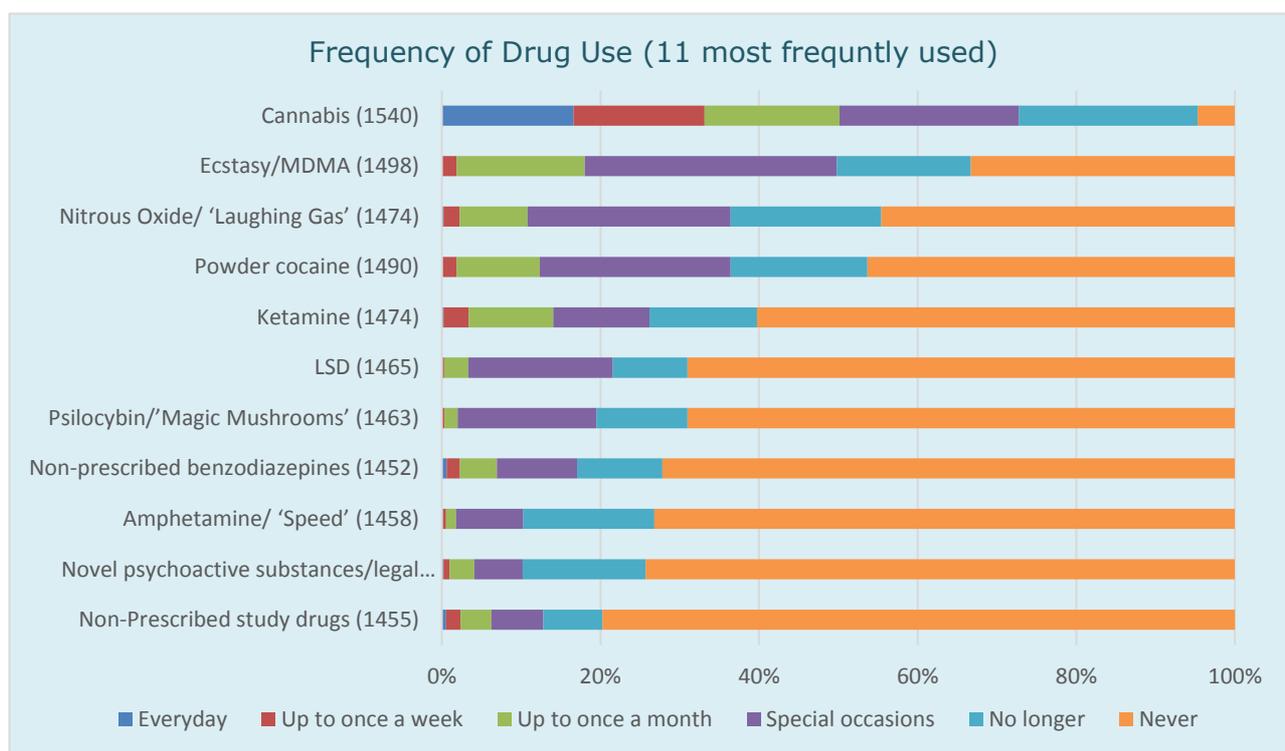
quarter (23 per cent) reporting that they use it on special occasions (described as less frequently than once a month).

Seventeen per cent of respondents who reported currently using drugs told us that they use cannabis every day. This level of daily use was significantly higher than that of any other drug listed in this question (a maximum of 1 per cent of respondents said they use any other drug every day).

The second most popular drug was ecstasy/MDMA, with half (50 per cent) of respondents who have used drugs telling us that they currently use this. However, unlike cannabis, respondents were more likely to tell us that they use ecstasy/MDMA on special occasions (32 per cent) rather than regularly (18 per cent).

The drug with the third largest amount of reported use was powder cocaine, with 37 per cent of respondents who have used drugs claiming to currently use it, again with the largest percentage of these respondents (24 per cent) using it on special occasions. Nitrous oxide or 'laughing gas' had a similar amount of reported users, with 36 per cent of respondents who have used drugs telling us that they use it – predominantly on special occasions (26 per cent).

For the remaining drugs we asked about, at least 60 per cent of respondents who have used drugs told us that they had never used them. Respondents were more likely to tell us that, when they do use other drugs, it tends to be on special occasions. While the other drugs mentioned include



novel psychoactive substances/legal highs they also include substances such as Modafinil and Ritalin (or 'study drugs'),<sup>6</sup> which one in five respondents who have used drugs (20 per cent) have tried at some point but 6 per cent claimed to use regularly (at least once a month).

This accounts for one in ten of all students who responded to the survey. Given recent government actions to tackle the use of 'legal highs' and media reports<sup>7</sup> on the rise of 'study drugs' or 'smart drugs', this level of use is perhaps lower than expected. Substances such as heroin and methamphetamine (or 'crystal meth') had very low reported levels of use among respondents who said they have taken drugs, with 0.21 per cent and 0.28 per cent of respondents, respectively, claiming to use these drugs.

## Using multiple drugs and combining drugs with alcohol

Respondents' reported use of drugs with alcohol followed a similar pattern to their reported use of drugs generally.

When asked whether they mix drugs with alcohol, cannabis was the drug respondents reported most frequently mixing with it. A third (34 per cent) of respondents in this group told us that they use this combination regularly (once a month or more), and a further fifth (20 per cent) said they do so on special occasions.

Twenty-two per cent of respondents who mix drugs and alcohol told us that they mix ecstasy/MDMA with alcohol on special

occasions (with 15 per cent claiming to do so regularly). Eighteen per cent reported that they use powder cocaine with alcohol on special occasions (with 12 per cent saying they do so regularly) and 18 per cent of respondents told us they use nitrous oxide with alcohol on special occasions, with 8 per cent saying they do so regularly.

While far more students reported using drugs without alcohol than with it, it is important to highlight some specific and serious risks associated with using alcohol and other drugs together. These include increased risk of respiratory depression from using alcohol with other depressants; and increased risk of cardiovascular problems when mixing alcohol and cocaine (due to the formation of cocaethylene in the liver). This is pertinent considering powder cocaine had a very high proportion of students who take it saying they also combine it with alcohol.

Few survey respondents who have used drugs reported mixing alcohol with other depressants. Less than 1 per cent of those combining drugs with alcohol reporting using heroin with alcohol (3) or GHB/GBL (a depressant substance that slows down the body's reactions and functions) with alcohol (7), and 9 per cent reported using non-prescribed benzodiazepines with alcohol (121). However, it is significant that one-third of all respondents who use drugs (476) reported combining cocaine with alcohol, suggesting a real need for harm reduction advice and information around combining alcohol and cocaine specifically.

## Environment for student drug use

To gain a richer picture of how students experience drugs, we asked respondents about where they use drugs most frequently. Eighty-six per cent of respondents who have used drugs told us they use drugs at home/in their accommodation, making this the most popular location. Half of the respondents who have used drugs (48 per cent) told us that they do this at home/in their accommodation regularly (once a month or more), with 22 per cent of respondents who have used drugs saying that they do so on special occasions (less than once a month).

Fourteen per cent of respondents who have used drugs told us that they use drugs at home/in their accommodation every day. These students were significantly more likely to be men.

Eighty-six per cent of respondents who have used drugs also said they do so at house parties (often reserved for special occasions) and 63 per cent have used them at local nightclubs.

Out of the locations listed, respondents were least likely to use drugs within students' union venues, with 87 per cent of respondents who have used drugs saying they never take drugs at their students' union bar, and 80 per cent telling us that they have never taken drugs in their students' union nightclub. Again, those who do take drugs at students' union locations were most likely to do so only on special occasions. When prompted to describe any

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other locations where they use drugs, respondents frequently identified outdoor locations, such as festivals/concerts, as well as friends' houses and parties or raves.

***"Festivals, countryside." Man, 40-49, postgraduate***

***"Friends' houses, just out and about in parks etc." Female, 23-29, further education***

The wide-ranging locations for reported drug use indicate that students frequently use drugs in remote and 'less managed' environments. Houses, parties and outdoor locations are less exposed to police, security guards, cameras and other drug detection methods. On the one hand, this minimises the risk of coming into contact with the criminal justice system yet support services are more difficult to access in these spaces – and are possibly less likely to be called. This underlines the need to equip students with good quality and honest drug education that enables them to manage and minimise risks when taking drugs.

When asked who they take drugs with, respondents were most likely to cite friends as their chosen company. Out of all respondents who have used drugs, 97 per cent have taken them with friends. More than half of the respondents who have used drugs (53 per cent) reported taking drugs with friends regularly, and one-quarter (26 per cent) told us they do so on special occasions.

More than four in 10 (42 per cent) respondents who have used drugs did so alone, making this the second most popular response. Nearly one-third (30 per cent) take drugs on their own at least once a month, with 10 per cent telling us that they take drugs on their own every day.

Again, men were significantly more likely than women and non-binary people to frequently take drugs on their own. Combined with being more likely to use drugs daily in their homes enables us to understand the ways in which the experience of using drugs is gendered.

It follows that students who said that they take drugs on their own were those most likely to tell us that they do so every day. Some 8 per cent of respondents who use drugs said that they take drugs with their friends every day and 4 per cent said that they take drugs with their partner every day.

Respondents' partners were the third most frequently reported company when using drugs, with 24 per cent telling us they take drugs with their partner at least once a month and 16 per cent on special occasions. Family members and colleagues were also mentioned by respondents as people with whom they use drugs. It is clear that the experience of taking drugs is incredibly diverse in a way that the dominant narratives on drug use fail to recognise.

In spite of only 17 respondents reporting cannabis as the only drug they have used, with the highest amount of daily users and

as the only drug to be used more regularly than on special occasions, cannabis is likely to be experienced differently to the other drugs in our survey.

While it is not possible within our dataset to separate cannabis use from other drugs, there is a distinct emerging pattern of social – and seemingly contained – use of substances such as cocaine, ecstasy/MDMA and other so-called ‘club drugs’, with many respondents restricting their use to special occasions, parties and other social events. In contrast, cannabis may be more likely to be used differently – at home and more frequently.

### Student attitudes towards drug use

All respondents (2,810) were surveyed about their attitudes towards drugs, whether they have used drugs or not. Overall, students showed largely relaxed attitudes towards drugs, with the majority of all respondents (62 per cent) telling us that they do not have a problem with students taking drugs recreationally.

However, there were differences in opinion between those who told us they do take drugs and those told us they have never used them. Almost all of the former (94 per cent) and 33 per cent of the latter agreed that they do not have a problem with students taking drugs recreationally.

Respondents had mixed, but predominantly positive, perspectives on the drugs culture at their university or college. For example,

41 per cent of all respondents agreed that ‘student drug use is not as problematic as is widely thought’ (33 per cent disagreed). Similarly, 25 per cent of respondents agreed that there was a problematic drug culture on their campus, with 44 per cent disagreeing.

Again, students who said that they use drugs were more likely to react positively to the drugs culture at their institution. For example, 58 per cent of respondents who use drugs disagreed with the statement, ‘there is a problematic drug culture at my university/college’, compared to 34 per cent of those who have never used drugs.

Despite these divided opinions about the drugs culture at their educational institutions, the majority of all respondents (84 per cent) reported that they do not feel pressure to take drugs at college or university. This was the case for students who told us that they currently use drugs, have used them in the past but no longer do and those who have never taken them, suggesting that campuses are a healthy environment in which students feel able to make genuine choices.

Among respondents who told us that they currently use drugs, or have done so in the past, perspectives on their own drug used remained mixed but were still more positive than negative. Two-thirds of respondents reported feeling safe when taking drugs, and 16 per cent reported the opposite. Women, those aged over 30 and those living with family were the least likely to report feeling safe when taking drugs.

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Respondents were less likely to say that they feel safe when acquiring drugs than when taking them, however – one-third disagreed that they feel safe when acquiring drugs. It may be the case that, because of the need to be discreet when acquiring drugs, respondents are forced to put themselves in situations in which they feel less safe, such as meeting strangers. However, previous research indicates that students are most likely to acquire drugs from within their own social circle.<sup>8</sup> While the gendered responses seen in the survey may be as a result of women feeling particularly vulnerable in these situations, it is also possible that instead of being concerned about any immediate dangers associated with drug acquisition, students report feeling 'unsafe' because of the risk of being caught and its consequences.

Students' responses suggested a level of confidence in the drugs that they use, with half (50 per cent) of those who have used drugs telling us that they agree with the statement, 'I am certain I know what is in the drug I am taking' (33 per cent disagreed). Additionally, 80 per cent of respondents with experience of drug use told us that they agree with the statement, 'I know what to expect from the drug I am taking'. While it is not possible to distinguish responses referring to cannabis from other drugs, these high levels of confidence may relate more to cannabis than white powders such as cocaine and MDMA, which are significantly more likely to be cut with other substances to reduce purity.

## Harm reduction methods

Students in our survey reported a high awareness and practice of many of the steps that can reduce the potential harm caused by taking drugs. Most of the precautionary measures presented in the survey were being used by 70 per cent or more of respondents who have used drugs.

Options such as staying in a safe environment (87 per cent), finding out about the drug and its effects before using it (82 per cent) and avoiding dehydration (82 per cent) are the most common steps that respondents reported having used to reduce the risks associated with taking drugs.

Small proportions of respondents (ranging from 7–18 per cent) were aware of these precautions but had not taken them. This suggests that the vast majority of students are conscious of their own safety in relation to their drug use and are taking steps to reduce risks once they know about them.

Not mixing drugs with alcohol was the second least popular precautionary measure taken by respondents who have used drugs. Although 50 per cent told us that they take this precaution, a significant minority (40 per cent) told us they were aware that this approach could reduce the potential harm caused by drugs but have not used it. This is in keeping with our findings relating to using multiple drugs but, despite seeing much lower numbers of students reporting using drugs with alcohol than without, it would appear that action is

not taken in order to reduce harms associated with using drugs.

Drug testing kits or services were the least common precautionary measure taken by respondents with experience of drug taking, with only 10 per cent of telling us that they have used these. What is more, much higher proportions of students had not heard of drug testing kits or services, or were aware of them and had not used them, than any other precautionary measure.

***"I would like people to be allowed to talk to students about this, and for there to be resources available (e.g. testing kits) at the university to encourage safe drug use" – Non-binary, 18-22, higher education***

Given that student responses demonstrated both awareness and uptake of measures to reduce the risks associated with using drugs, and the fact that drug testing can go some way to mitigating these risks, these findings suggest that there are barriers to students accessing drug testing services and a lack of awareness that it is a harm reduction method.

Forty percent of respondents said that they are aware of drug testing kits but have not used them. While drug testing kits can go some way to educating people on what is in their drugs, there are significant limitations. These kits (also known as reagent testing kits) often will only provide limited information, for example, a single kit may detect the purity of the drug but not the

presence of adulterants, and vice versa. There are however services such as the Loop and WEDINOS who provide comprehensive drug testing services which will detail both the purity and contents of a substance alongside other forms of support.<sup>9</sup>

## Motivations for student drug use

We were interested in finding out why students use drugs so we presented respondents with a number of questions about their motivations.

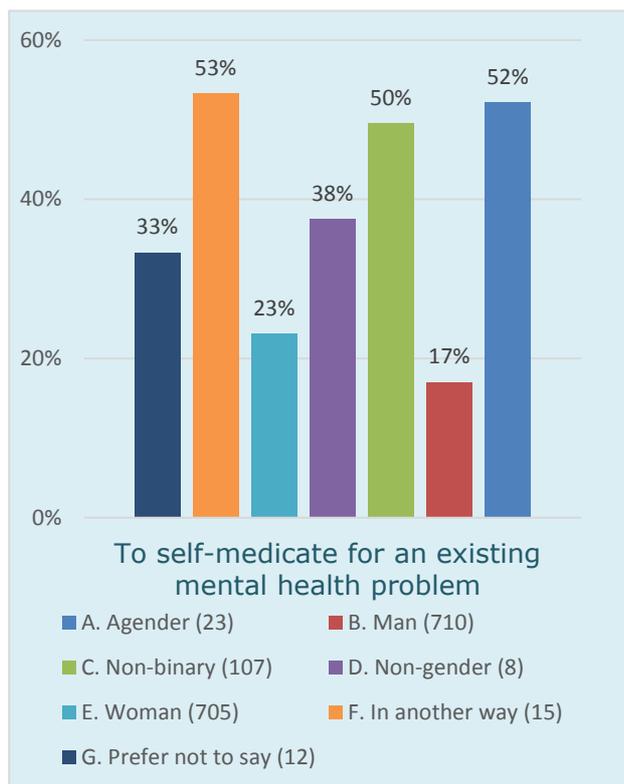
The main reason students identified for using drugs was for recreational purposes (80 per cent of respondents who have used drugs), with those aged 18–22 and those who live with friends most likely to take drugs for this reason. Four in 10 respondents (39 per cent) said they take drugs to enhance their social interactions.

Given that we have already seen that students are most likely to use drugs with their friends, and at locations such as parties and festivals, this suggests that drug use among students is – at least in part – a social phenomenon.

It is significant that many respondents who have used drugs also identified mental health-related motivations for their drug use. One-third (31 per cent) do so to deal with stress and one-fifth (22 per cent) use drugs to self-medicate for an existing mental health problem.

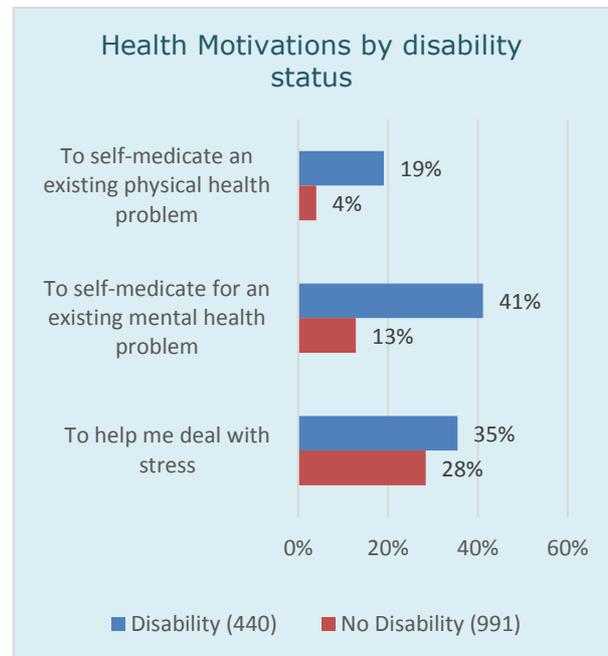
Students from liberation groups were particularly likely to name issues linked to their mental health as motivations for taking drugs. For example, heterosexual students were less likely than their LGBT+ peers to say that they self-medicate for an existing mental health problem. Among LGBT+ students, those who identify as queer were most likely to do this.

Non-binary, agender, non-gender students and those who describe their gender in another way were at least twice as likely as men to say that they use drugs to self-medicate for an existing mental illness. Women were also more likely than men to say this.



Similarly, disabled students were more likely than those who are not disabled to

say that they take drugs to self-medicate for an existing mental health problem, an existing physical health problem and/or to help deal with stress.



Other motivations respondents cited for taking drugs included: to improve their confidence (13 per cent), to cope with a difficult life event (11 per cent) and to enhance sex (6 per cent). Five per cent of respondents told us that they use drugs to perform better academically, making this one of the least mentioned motivations in our survey. While this allows us to see drug use as driven by multiple factors, it offers little evidence to support the widely reported phenomenon of increasing use of study drugs, which is in keeping with the fact that only 6 per cent of respondents who use drugs told us that they use study drugs.

It is clear that respondents reported a variety of motivations for using drugs. While these reasons are predominantly social, there are significant health motivations and multiple influencing factors, especially relating to respondents' identities. The prevalence of poor mental health connected to drug use among respondents from liberation groups compared with their more privileged counterparts suggests that this may be interconnected with the oppression/s they face.

## Impact of drug use

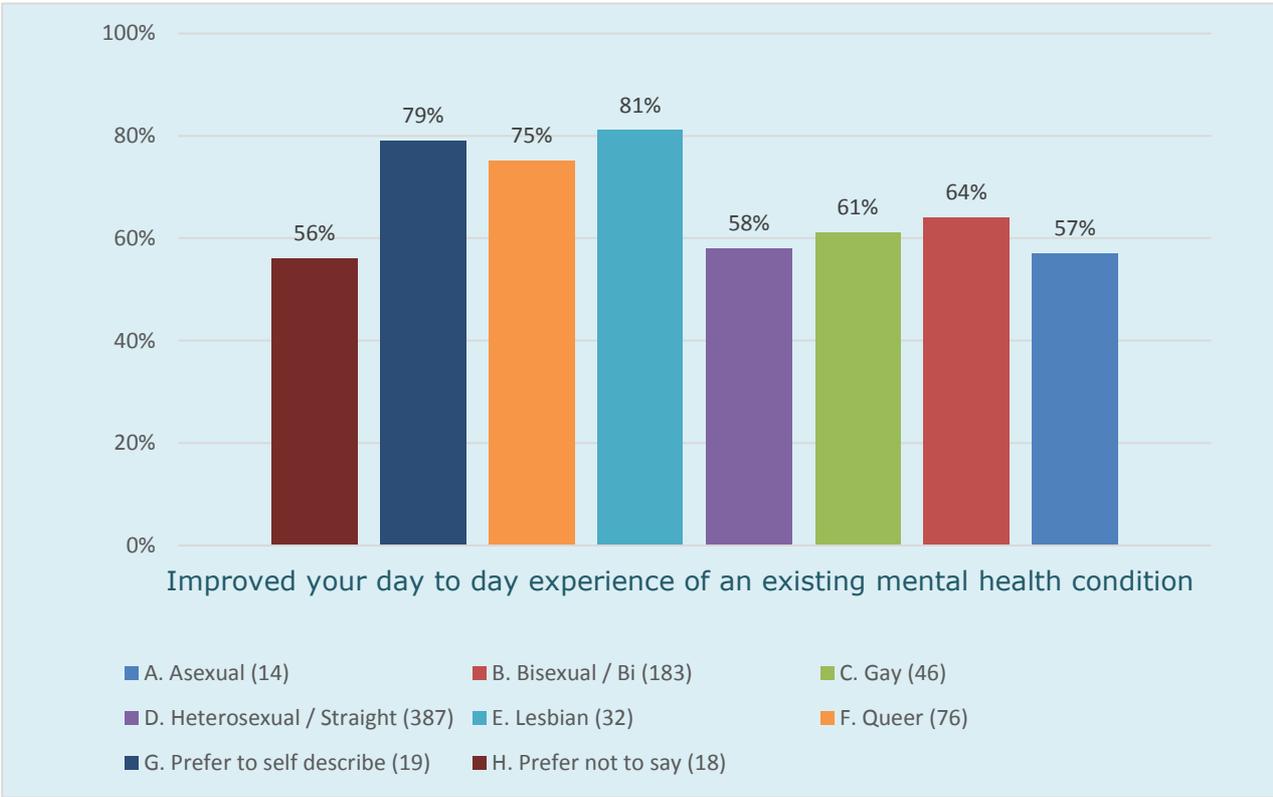
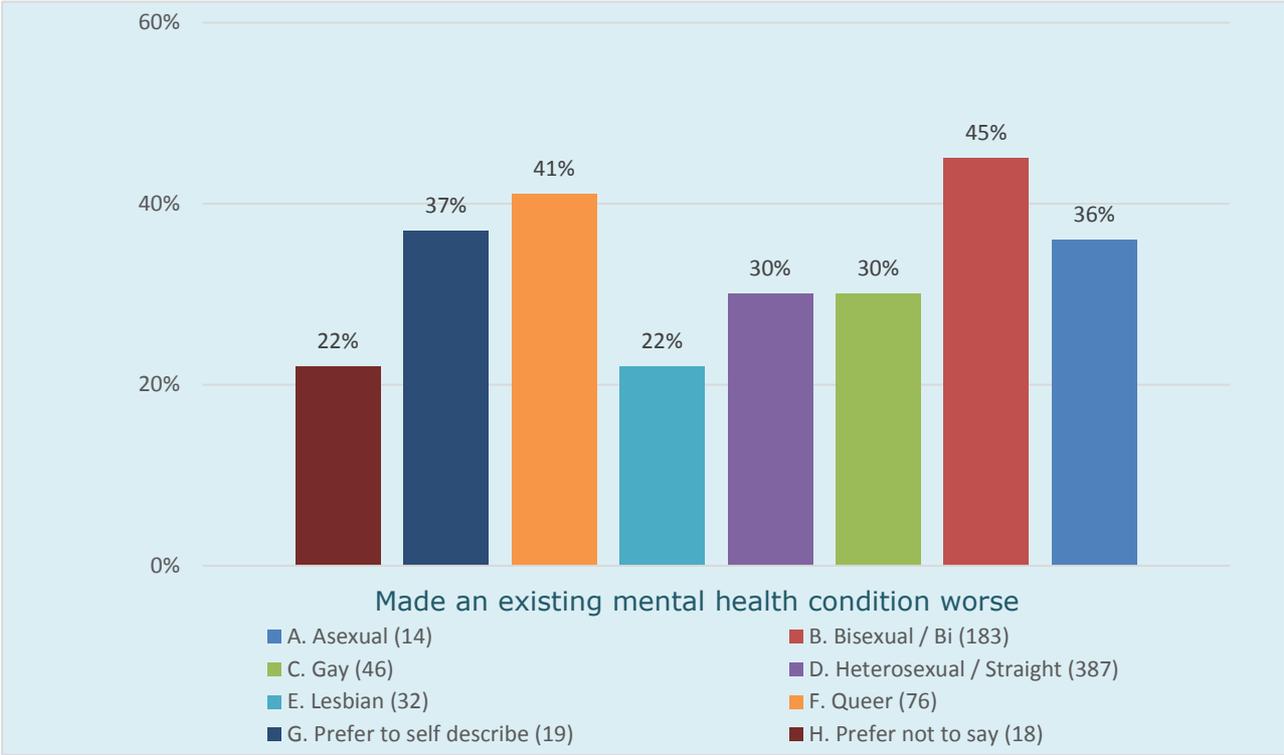
### Health impacts of student drug use

When we moved on to asking students about the impacts that taking drugs have had on them personally, the theme of mental health continued to appear.

Overall, 775 respondents said they had experienced some form of health impact from having used drugs. Two-thirds of these respondents told us they felt that their drug use had improved their day-to-day experience of an existing mental health condition, making this the most commonly reported impact. Conversely, the second most reported impact, by one-third of respondents who have ever taken drugs, was the worsening of an existing mental health condition. Thirteen per cent of respondents with experience of using drugs also said that drugs had caused a new mental health condition to develop. Students with experience of using drugs also reported experiencing impacts on their physical health as a result of doing so, but

to a lesser extent. More than a quarter (27 per cent) of respondents who said they had felt an impact on their health as a result of taking drugs said that they had experienced a positive impact on an existing physical health condition, compared to 9 per cent who told us theirs had worsened. Five per cent of this same group reported experiencing a new physical health problem caused by drug use. While we did not ask the specific impacts, the use of cannabis for medical purposes is potentially an example of a positive impact. Students from liberation groups were more likely to tell us about positive health implications arising from their drug use. For example, lesbian and queer students were more likely than heterosexual students to find that taking drugs improved their day-to-day experience of an existing mental health.

Non-binary respondents were also more likely than men or women to say their day-to-day experience of an existing mental health condition had improved from taking drugs. Trans respondents (76 per cent) were more likely than those respondents whose gender does match the gender they were assigned at birth (60 per cent) to say their day to day experience of a mental health condition had improved because of their drug use. Disabled students were more likely than those who are not disabled to find that taking drugs improved their day-to-day experiences of existing mental and physical health conditions, and were less likely than those who are not disabled to find that taking drugs caused a new mental health condition to develop.

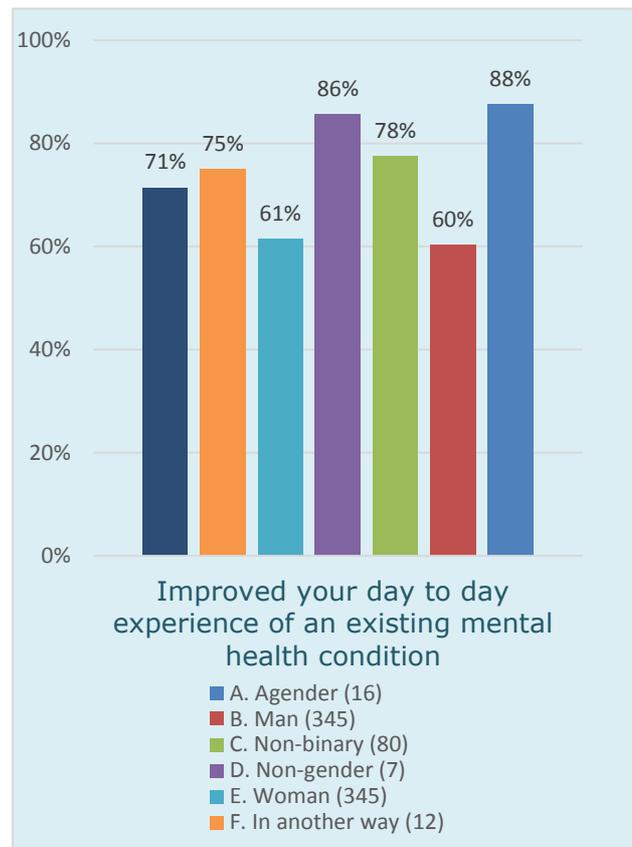


These findings are consistent with the wider context of student mental health at present. They suggest that some students are choosing to use drugs to deal with stress and poor mental health. This is part may be explained by the fact that students can struggle to access adequate support for the mental health. A recent publication by the Higher Education Policy Institute found that students face increased vulnerability to mental illnesses and that these problems are exacerbated by challenges in accessing university/college mental health services, which are often vastly oversubscribed.<sup>10</sup>

Similarly, we know that women, LGBT+, Black and disabled people are proportionately more likely than others to be affected by a mental illness.<sup>11</sup> This may, to some extent, account for the fact that that respondents from many of these groups were more likely to say that they use, or have used, drugs for reasons related to their mental health. Marginalised groups are also often deterred from accessing support for their mental health because of discrimination within support services.<sup>12</sup> These findings suggest that self-medication is perceived as a real alternative for women, disabled and LGBT+ students in the absence of accessing adequate support elsewhere.

### Trans respondents' drug use and access to healthcare

From 2,810 respondents in our survey, 8 per cent told us that their gender does not match the one they were assigned at birth. Of these respondents, 27 per cent were not intending to medically transition. The remaining respondents from this group



indicated that they were at various stages of taking action towards medically transitioning. For example, 17 per cent said that they were on a waiting list for a gender clinic, a further 17 per cent said they were attending a gender clinic and taking hormones and 12 per cent said they had not yet been to a doctor to discuss this issue.

Of those trans respondents who reported intending to medically transition, 23 per cent told us they had used non-prescribed drugs to self-medicate as part of their transition. Trans people may sometimes choose to self-medicate or be forced into this as part of their transition because of challenges faced in accessing suitable

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healthcare. The drugs these respondents most commonly reported using relating to their transition were testosterone (69 per cent) followed by estrogen (33 per cent). This finding does not necessarily suggest that trans men or nonbinary people assigned female at birth are more likely to self-medicate than trans women or nonbinary people assigned male at birth. Rather it is more likely to reflect our respondents' profiles.

In looking specifically at how drug use had affected their experiences within gender identity services, almost two-thirds (64 per cent) of trans respondents who intend to medically transition told us that they disagreed with the statement, 'I feel safe and comfortable talking to the gender clinician about my drug use'. This may in part be explained by the fact that three-quarters of this same group (74 per cent) reported concerns that discussing their drug use will result in their treatment being delayed or denied.

Trans respondents showed more positive, although mixed, attitudes towards their experiences of accessing drug support services. For example, 11 per cent agreed that their trans status had been a barrier to accessing drug-related support and 24 per cent disagreed. Similarly, 8 per cent reported having experienced transphobia while accessing support for their drug use and 21 per cent of respondents disagreed that they had.

These findings demonstrate the ease with which trans people, facing discrimination at the intersections of different health

services, fall out of established support structures – either into self-medication or out of healthcare altogether. In our upcoming follow-up report, we will explore in greater detail trans students' experiences of using drugs, including their motivations and the impacts they have experienced, to understand how this might differ from the experiences of the wider student population, as described in this report.<sup>13</sup>

### Education

Less than half of the respondents who have used drugs felt that this had affected their academic attendance in some way (746 of 1,548 respondents), with the majority stating that it had led to them missing a seminar, lecture or class or having arrived late to one (66 per cent and 47 per cent, respectively). While this does suggest that drug use negatively affects students' academic attendance, it is significant that 29 per cent of this group said that taking drugs had led to them attending a class they otherwise would not have attended, again highlighting the myriad reasons why students may choose to use drugs.

In 2016, NUS conducted research into students' use of alcohol. While it is not possible to make direct comparisons between the two pieces of research owing to different sample populations, we can see similar patterns emerging in student use of drugs and alcohol. For example, 34 per cent of respondents to the NUS' Students and Alcohol survey reported having missed a university seminar or lecture as a result of drinking too much and 27 per cent reported arriving late as a result of their alcohol use.<sup>14</sup> Results from these two

studies may offer some contextual guidance on the relative impact of drugs and alcohol on students' educational experiences and how we might be able to promote healthier behaviours.

### Criminal and social impacts of drug use

Some 210 respondents who use drugs have come into contact with the criminal justice system as a result of doing so, making up 14 per cent of the total sample. For the vast majority (88 per cent) of this group, this happened as a result of officials searching them or drugs yet a further 54 respondents (26 per cent) were issued with a police caution, 10 per cent were arrested, 8 per cent were fined and 7 per cent were charged with possession.

We were interested in exploring how the experiences of Black students in particular differed from their white counterparts as there is evidence that Black people caught for drug offences are treated much more harshly by the criminal justice system in spite of being less likely to use drugs.<sup>15</sup>

While we received too few responses from Black students who had come into contact with the justice system as a result of their drug use to draw a representative sample on their experiences, our results suggest that white students are marginally more likely to use drugs – 44 per cent of white respondents told us that they have not used drugs, compared to 48 per cent of non-white respondents.

A criminal record can stunt students' life chances, can affect their ability to stay in education or enrol on certain courses in the

first place (eg teaching), enter gainful employment and it increases the likelihood they will reoffend at a later date.<sup>16</sup> In the *Institutional policies and support* of this report, we explore alternative approaches to dealing with drug offences that prioritise students' abilities to learn from their experiences and succeed in their studies.

In exploring other impacts of their drug use, the social nature of student drug use continued to be emphasised by respondents. Three-quarters (74 per cent, 1,140) of those who have used drugs reported that their social experience had been affected by using drugs – by far the most common impact, which respondents also perceived as overwhelmingly positive. For example, 80 per cent of this group felt that drugs had helped them make new friends and 80 per cent said drugs had helped them to become closer to existing friends or family members. Men and non-binary people were more likely than women, agender and non-gender people to say that they have become closer to friends or family as a result of taking drugs.

Conversely, 14 per cent of respondents impacted socially told us that they had become more distant from their friends or relatives because of their drug use and 10 per cent told us that they had lost a relationship with friends or family members as a result. The small numbers of respondents affected in this way offer little evidence that respondents' relationships suffer as a consequence of taking drugs.

Respondents' experiences during or following a night out using drugs were more mixed. The 1,058 students comprising

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those who had been affected by drugs on a night out reported a combination of positive and negative personal impacts of this type of drug use. While 53 per cent of these respondents enjoyed the experience of having sex on drugs, 46 per cent woke up feeling embarrassed about things they had said and 50 per cent told us that they had been unable to remember what happened the night before, with men more likely than women, non-binary, agender people and those who describe themselves in another way to report this.

One-fifth (20 per cent) of respondents who reported drugs impacting on a night out felt glad about having engaged in sexual activity they otherwise would not have experienced and 18 per cent regretted a decision to engage in sexual activity after taking drugs. It is important to remember however that many people, particularly women and non-binary people, become victims of sexual assault when under the influence of drugs or alcohol. This is because perpetrators abuse victims' vulnerability or inability to give consent. Whilst we did not ask respondents about their experiences of sexual assault in the survey, women (18 per cent) were slightly more likely than men (17 per cent) to say they regretted a decision to engage in sexual activity and non-binary people (25 per cent) and those who describe their gender in another way (25 per cent) were even more likely to say so. Whilst these findings seem to suggest that there are as many positive sexual experiences whilst under the influence of drugs as there are negative, it is important to remember however that there are a number of

barriers that exist to individuals who have experienced sexual assault reporting their experiences.<sup>17</sup> One-third of respondents (33 per cent) also told us that they took risks with their safety that they would not have taken if they had not been using drugs.

Compare this to NUS research on students' alcohol use, we again see similar patterns emerging. Almost half (46 per cent) of respondents to our alcohol survey said that they had been unable to remember what had happened the night before after drinking alcohol on a night out. Just over half (52 per cent) said they had felt embarrassed about things they had said or done after drinking alcohol and 44 per cent said they had taken risks with their personal safety as a result of alcohol. While more work is needed to understand the similarities and interplay between students' use of alcohol and controlled drugs, it may be of value to examine the impact of approaches to alcohol awareness that promote responsible use, such as NUS' Alcohol Impact programme, and assess how suitable this might be in relation to drugs.

The diverse positive and negative impacts of student drug use, coupled with the multifaceted patterns of this behaviour, cannot be ignored. Our findings not only go against the grain of popular discourse of student hedonism but are also crucial to understanding the needs of students who use drugs – and how universities, colleges and students' unions can develop policies that respond effectively.

With as many as 39 per cent of our respondents reporting that they currently use drugs and a further 17 per cent having previously used them, it is fair to deduce that drug use is a common behaviour among students in the UK. In recognition of this, universities and colleges need practical and supportive policies in place, which raise students' awareness and facilitate their access to information and appropriate support services.

In this second part of this report, we expand our analysis to draw on the policies and records of higher education institutions, gleaned through freedom of information requests, to assess how far students who use drugs are supported to remain, and thrive, in education.

# Findings relating to institutional policies and support

## Support

### Awareness of support

According to the survey, a third of students (36 per cent) do not know where to access advice or information on drugs and felt they do not need this. Almost half (46 per cent) said they know where to access information or advice but are not in need of it. Among those who know where to access these resources but do not need them, the main sources of information they knew about were: peers (71 per cent); Talk to Frank (65 per cent); university/college (46 per cent), students' union (43 per cent), local drug services (29 per cent), and online user forums (36 per cent). Other sources of drug-related information identified by students include school, NHS services, parents, personal experiences, drug services, online platforms and the police.

### *Student comments on sources of information and advice on drugs*

*"My father is a police officer and has educated me against drug use since being very young." – Man, 18–22, higher education*

*"Secondary school lessons" – Woman, 18–22, higher education*

*"Crew 2000, Turning Point, NHS, Pill Report" – Man, 23–29, higher education*

*"Sesh Safety" – Woman, 18–22, further education*

One in 10 respondents (11 per cent) have used the available advice and information about drugs. Seven per cent do not know where to go for information around drugs but would like to. Among those who would like information about drugs, but do not know where to go for it, their preferred sources would be through their university/college, on the internet or through their students' union. Respondents also emphasised wanting to see harm reduction approaches to support, such as drug checking services.

### *Student comments on wanting support via their educational institution or students' union*

*"I know of the Loop but I wish my uni actually talked openly about it." – Man, 23–29, higher education*

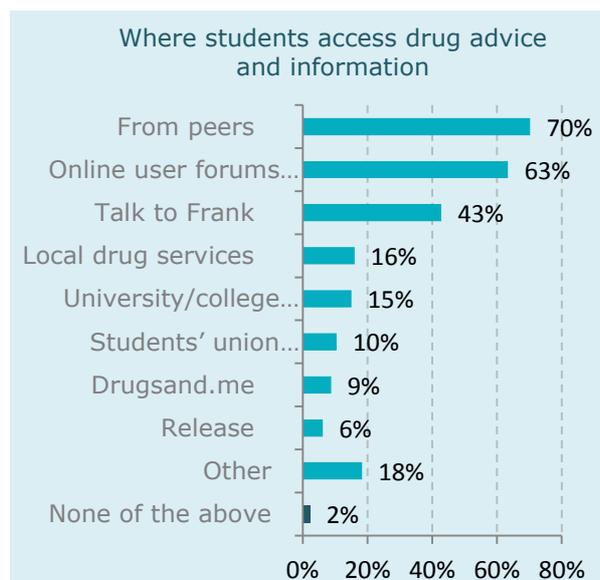
*"Students' union leaflets and posters, more information in toilets/around walls of the students' union club/bar, online on the students' union website." – Woman, 18–22, higher education*

*"I would like people to be allowed to talk to students about this, and for*

*there to be resources available (eg testing kits) at the university to encourage safe drug use,” – Non-binary, 18–22, higher education*

### Differences between respondents’ and institutions’ preferred types of support

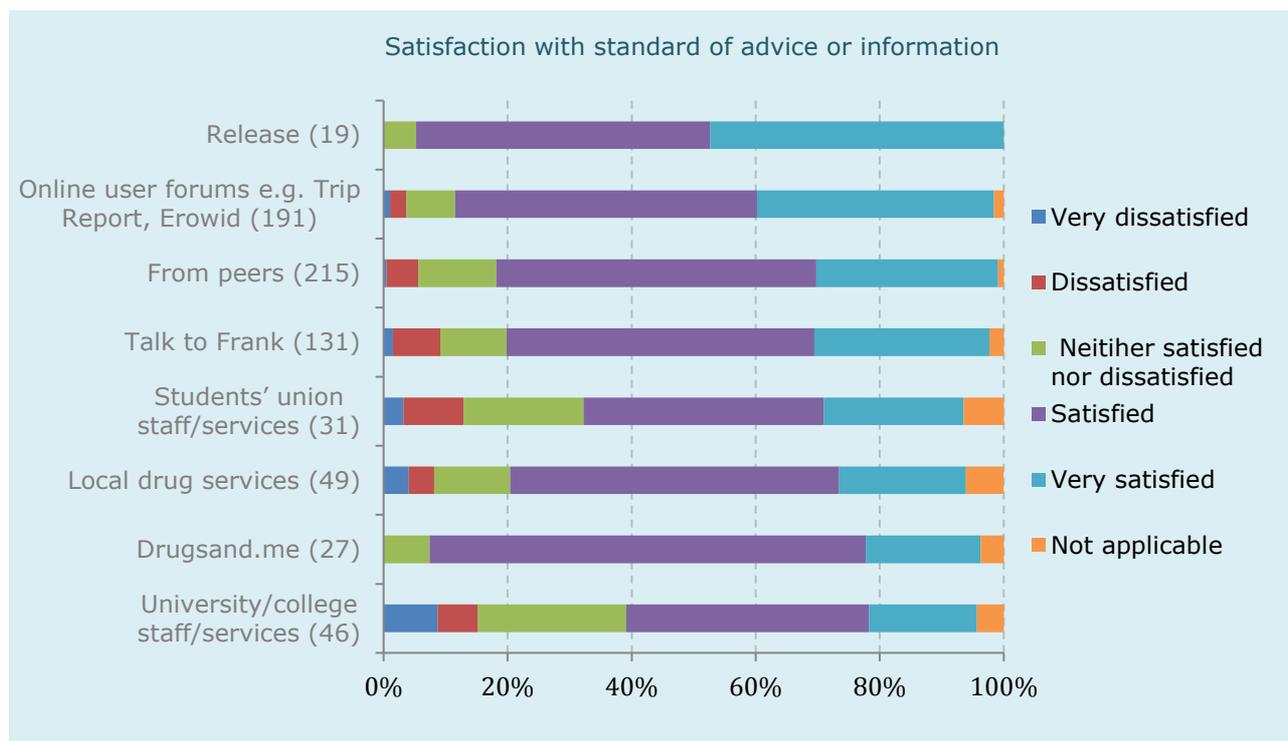
Students who knew where to access advice or educational informational information about drugs and have used it did so via various channels. The majority (70 per cent) of these respondents accessed drug advice and information from peers or via online user forums (63 per cent). Students had also accessed information and advice from: Talk to Frank (43 per cent); university/college and students’ union staff or services (26 per cent); local drug services (16 per cent); Drugsand.me (9 per cent); and Release (6 per cent).



Other types of information sources accessed by respondents include drug policy organisations (eg Students for Sensible Drug Policy UK, The Loop and Transform), online harm reduction platforms (eg Tripsit, Bluelight, Pillreports, Pillbox and Psychonaut wiki), and academic resources (eg Google Scholar, scientific journals, peer reviewed papers and academic conferences).

Among respondents who had accessed drug-related information and advice, respondents were most satisfied with the standard provided by Release (94 per cent satisfied), Drugsand.me (89 per cent satisfied), online user forums (87 per cent satisfied), and peers (81 per cent satisfied). Respondents were comparatively less satisfied with the standard of advice and information provided by their university/college (15 per cent dissatisfied), students’ union (13 per cent dissatisfied), Talk to Frank (9 per cent dissatisfied) and local drug services (8 per cent dissatisfied).

Conversely, 82 per cent (125) of universities/colleges reported signposting students found possessing a controlled drug to in-house services (eg student wellbeing services or equivalent).<sup>18</sup> Furthermore, 45 per cent (68) of universities/colleges signposted students to Talk to Frank, 40 per cent (60) to local drug services, 25 per cent (37) to Narcotics Anonymous,<sup>19</sup> 9 per cent (13) to Release, 1 per cent (1) to Drugsand/me, and 1 per cent (1) to peers.



Not a single university/college signposted students to online user forums. The most common 'other' services that universities/colleges directed students to were: DrugScope (10); Addaction (10);

Know the Score (7); Adfam (4); NUS (2); The Mix (2); and the Home Office (2).

The types of support that universities/colleges either offered to students or signposted to them reflected neither the types of support that student respondents tend to access nor those they were most satisfied with, suggesting a disconnect between students' support needs and the support made available via their educational institutions. Students' unions are able to bridge this gap.

*One students' union comments on its peer support relating to drug use*

*"The PEACH (Peer Education & Advice for Campus Health) Team has been created as a peer-led project within Brighton Students' Union. Our aims are to promote positive mental health and wellbeing within the university community and also to reduce the incidence and prevalence of drug and alcohol-related harm among our student population. We will do this through outreach, campaign work and activism ... PEACH is a group of fully trained student volunteers who are friendly and non-judgemental. The team are creative and fun in our approach to peer-led education." – Brighton Students' Union 'About PEACH'*

### Types of drug-related support

Existing drug-related policies at our sample of higher education institutions indicated that the type of support available to students who use drugs is largely targeted at those who experience problems with their drug use. While this is undoubtedly beneficial to students who want support for their use of drugs, support can be detrimental or inefficient if it is inappropriately provided.<sup>20</sup>

We asked universities/colleges to describe any conditions or compulsory attendance at in-house services that could be imposed on a student found in possession of a controlled drug. A small number confirmed that they can require students to engage with support for their use of drugs, as opposed to offering support. Among these, some described requiring students to submit to drug tests, engage with pre-determined types of support, and/or meet specified treatment goals.

*Higher education institutions' comments on mandatory drug support for students:*

*"Compulsory engagement with our Mental Health Inclusion Team and/or drug rehabilitation programme."*

*"Drug testing, health interventions and monitoring via Occupational Health."*

*"Compulsory attendance at an external drug and alcohol charity; A College Master can require students to attend one-to-one sessions with an external organisation if the student*

*has a drug or alcohol problem. Last year we used Turning Point for this."*

*"A variety of conditions could be imposed, for example drugs counselling."*

*"There are various organisations that provide drug treatment services and a student might be asked to attend and provide evidence of having attended/completed a course of treatment."*

*"A student attends weekly drug tests (with Turning Point) in consultation with/via the college GP and [we] have suggested that they arrange to attend weekly therapy to address some of the concurrent issues. The GP monitors this process and makes a decision as to when this process can end."*

Other universities/colleges confirmed that they can require a student found possessing a controlled drug to attend an educational workshop.

*Higher education institutions' comments on optional drug support for students:*

*"As part of a disciplinary decision, a student may be required to attend a workshop, eg on substance misuse."*

*"A student found in possession and taken through the disciplinary process would ordinarily as part of the outcome be required to attend a drug*

*and alcohol session run by SANDS Cymru which we arrange on campus."*

*"Requirement to attend a drugs awareness course."*

*"Attendance at a drugs awareness workshop."*

While there is a risk that any mandated support may be inefficient educational workshops may be slightly more appropriate as it does not necessarily assume that the student has a problem with drugs. Institutions covered by this study targeted drug-related support much less at students who use drugs non-problematically and at students who do not use drugs, despite our survey indicating that these groups make up an overwhelming majority of the student population.

Globally, an estimated 90 per cent of people who use drugs do not suffer from drug use disorders,<sup>21</sup> and thus do not need treatment but could potentially require or benefit from educational information about drugs. The remaining 10 per cent of people who do experience problems with their use of drugs should be able to access support voluntarily, make an informed choice about the type of support they access and determine their own treatment goals. It is therefore important that a range of support is made available to students who use drugs because people who use drugs do so for a range of different reasons and have different support needs.

## Alternative approaches to student drug use

The alternative to higher education institutions' current prevailing approach to student drug use is to signpost students to a range of support and educational information, rather than mandate engagement with specific support or educational workshops. The main advantages of a signposting approach are that it gives students more agency, relies on their informed consent to accessing support, and may lead to more realistic and attainable treatment goals.

Given the number of students who use drugs recreationally, support provided through harm reduction information and advice would be extremely beneficial to them as well as an important resource for all students. Harm reduction approaches aim to reduce the harms associated with legal and illegal drug use. They do not necessarily seek to reduce someone's consumption of drugs but rather to reduce negative health, social and economic consequences of these activities.<sup>22</sup>

For example, universities/colleges adopt a harm reduction approach to student sexual health by providing free condoms, educating students on safer sex practices and signposting students to sexual health services. Similarly, universities/colleges could adopt a harm reduction approach to student drug use by educating students on safer drug use practices and/or signposting them to external harm reduction advice and information. While this would benefit most students, the external services that

universities/colleges most frequently signposted students to, such as Talk to Frank and Narcotics Anonymous, only outline the risks associated with using drugs without providing harm reduction information and advice.<sup>23</sup> There is thus a need for educational institutions to ensure that a wider range of support is available to students, particularly harm reduction information and advice. Our survey indicates that students would be receptive to this approach. For a list of external services and resources that provide harm reduction information and advice to students across the UK, please see Appendix 1.

## Institutional policies

### Attitudes to university policies

According to our survey, respondents had mixed levels of awareness about their university/college's drugs and alcohol policy. While 35 per cent said they are aware of it, 51 per cent said they are not aware and 14 per cent said they did not know. This indicates that so-called 'zero tolerance' disciplinary approaches to drugs, which rely on students' awareness of the policy to deter certain behaviours, cannot be effective deterrents.

Respondents were also most likely to disagree with the statements, 'My university/college's drugs policy does not do enough to punish students who take drugs' (50 per cent disagreed) and 'I would feel confident in disclosing information about my drug use to my college without fear of punishment' (44 per cent disagreed). This suggests that students

would prefer their educational institution to adopt a less punitive approach to student drug use and that punitive approaches may act as a barrier to students seeking support around drug use.

### Surveillance

Some educational institutions employ surveillance measures to detect drugs on campus and to identify student drug-related misconduct. One such measure is the use of drug swab testing, either on premises or on students themselves.

A recent Home Office circular acknowledges the limitations of this method, stating that drug swab testing is "indicative" only and the results can be unreliable and prone to false positives due to "use by non-scientific staff, clarity of instructions, specificity of results, avoidance of contamination, [and] labelling and packaging."(CPFG, 2013)<sup>24</sup>

*Higher education institutions' comments on their measures to identify student drug use:*

*"The university and the police will carry out periodic testing for illegal substances in halls of residence. In certain situations individuals may be subject to disciplinary action, be asked to leave and/or be reported to the police."*

*"In the halls of residence the University Police Liaison Team carry out drug ion tests. Where evidence of drug use is found, a follow up meeting is held with the residents. The halls are also patrolled by staff and security*

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*in the evening and reports of suspected drug misuse are followed up by staff."*

*"If the student is not present the university still has the right to search and/or swab the room, if there is reasonable suspicion that illegal activities are taking place."*

*"Those persons seeking entry to the bar (or other social areas) or those already inside the premises at the point when a spot check takes place are expected to comply with the spot check by allowing their hands to be swabbed for drugs. Where an individual is requested to submit to a swab and strong evidence of drug use is found, the student will be required to hand in any drugs to relevant staff, or submit to a search, immediately ... If, however, a student refuses to cooperate and/or to hand over any drugs in their possession, the police may be called to investigate the matter formally. If ... there is an indication of drug use or contact, the student will be required to leave the premises and will be banned for a period of four weeks (or other, at the discretion of the Student Services Manager and students' union management). Swabbing will be carried out as a condition of entry upon return."*

While more than one in 10 (12 per cent) respondents who have used drugs had been searched for drugs on campus by security or police, there have also been media

reports of sniffer dogs being used on campus to detect drugs at the University of Buckingham,<sup>25</sup> University of Sheffield,<sup>26</sup> Newcastle University<sup>27</sup> and Nottingham Trent University.<sup>28</sup> Much like drug swab testing, the accuracy of using sniffer dogs to detect drugs is very limited and studies have consistently found high failure rates with this method.<sup>29</sup>

Further, such methods are incredibly invasive and intimidating, especially if a student is required to submit to a search. The presence of sniffer dogs could cause unnecessarily high levels of anxiety for already marginalised groups, such as some disabled students and Muslim students who may avoid contact with dogs on account of their faith. Given the limited reliability of sniffer dogs and drug swab testing for detecting drugs, their use as surveillance measures is arguably not justified.

### University/college disciplinary policies

Our study found that when a student is caught (not simply alleged to be) possessing a controlled drug and this is brought to the attention of their educational institution, the institution may respond by either taking no further action, resolving the matter informally or initiating formal disciplinary procedures.

When asking educational institutions to identify possible disciplinary outcomes for a student found possessing a controlled drug, we identified a range of outcomes for students depending on individual circumstances and the disciplinary approach taken by the university/college.<sup>30</sup> Half (50

per cent, 77) of the universities/colleges surveyed identified 'no further action' as a possible outcome, suggesting that the matter can be resolved informally.

In terms of formal disciplinary procedures, 75 per cent (115) of universities/colleges identified 'a formal warning' as a possible sanction, 74 per cent (113) identified 'temporary exclusion',<sup>31</sup> 70 per cent (107) identified 'permanent expulsion' and 52 per cent (80) identified certain restrictions and/or conditions placed upon students. Students may also face additional outcomes, such as being fined, reported to the police (cited by 68 per cent of institutions, 104), evicted from their student accommodation (61 per cent, 93) and/or referred to fitness to practise procedures (61 per cent, 93).<sup>32</sup>

*Higher education institutions' comments on restrictions and/or conditions relating to student drug use:*

*"A conditional discharge, which means that no penalty is imposed, subject to the student fulfilling certain conditions over a specified period. If the conditions are not met, a penalty will be imposed following a further hearing."*

*"For example, ban imposed on student union events or sporting events."*

*"Banned from bars, not allowed in accommodation on campus (if resident off campus) or visiting other halls (if in halls)."*

*"Requirement to sign a good behaviour contract, requirement to submit a letter of apology."*

While a range of disciplinary sanctions are therefore available to educational institutions, in reality most cases are resolved by using a less punitive approach. In the 2016/17 academic year, there were at least 2,067 recorded incidents of student misconduct for possessing a controlled drug across the UK.<sup>33</sup> Most of these incidents were resolved via a formal warning or another type of sanction, such as a fine.<sup>34</sup>

However, a small number of universities adopted a more punitive approach for the same behaviour. In the same period, there were at least 21 permanent exclusions from higher education for possessing a drug.<sup>35</sup> This could have far-reaching and long-term impacts for students, particularly for those from widening participation groups who already face a number of barriers to reaching and succeeding in education. These can include: losing the opportunity to gain qualifications; being refused admission to other universities/colleges, particularly if their fitness to practise (to join a certain profession) has been called into question; debt from tuition fees; loss of potential earnings from graduate employment; marginalisation; stigmatisation; estrangement from family or family financial support being revoked.

Over the same period, at least 531 incidents of student misconduct for possessing a controlled drug were reported to the police, which suggests that roughly one-quarter of all drug possession incidents

involving students in the last academic year were reported to the police.

We found that at least 56 per cent (82) of UK universities define drug-related behaviour that does not constitute a criminal offence as student misconduct. Among these, 52 per cent (79) can discipline students for using (rather than, or in addition to, possessing) drugs, 16 per cent (24) for possessing a drug controlled under the Psychoactive Substances Act 2016 and 1 per cent (2) for possessing drug paraphernalia.

*Higher education institutions' comments on sanctions for drug-related behaviours that are not a criminal offence:*

*"Breaches of the university's drug policy, eg using, possessing, distributing or production of controlled drugs or legal highs."*

*"The possession of paraphernalia linked to using controlled drugs or controlled prescribed drugs without a valid prescription or psychoactive substances may also be considered as indicative of possession of such substances and may lead to further investigation and/or disciplinary action."*

Similarly, some universities/colleges provide incorrect legal advice about drug offences.<sup>36</sup>

*Higher education institutions' inaccurate comments on the legality of drug possession:*

*"The misuse of substances known as 'drugs' is against the criminal law. The term 'drugs' covers a wide range of substances, including cannabis, cocaine, and heroin, together with the many derivatives or hybrids of these drugs. It refers to any substance controlled by the Misuse of Drugs Act 1971 and the Psychoactive Substances Act 2016."*

The fact that 16 per cent (24) of UK universities incorrectly advise their students that using drugs is a criminal offence suggests some confusion around the issue which may lead to some students being disproportionately disciplined by institutions. In addition it is possible that some educational institutions deliberately choose to adopt a paternalistic disciplinary approach to student drug-related behaviour that punishes a wider range of behaviours than UK criminal law.

### Degree programme fitness to practise policies

Students on certain degree programmes, such as those related to medicine, law or adult social care, are typically subject to 'fitness to practise' policies and procedures. While there is guidance on students' fitness to practise,<sup>37</sup> the trickle-down effect of professional codes of conduct in a sector and the approach to students' drug-related behaviours and their fitness to practise vary between universities/colleges and degree programmes.

Among the 31 per cent (47) of universities/colleges that explicitly refer to

drug-related behaviour as grounds for concern about a student's fitness to practise, most referred to behaviour that either constitutes a criminal offence (eg supplying a controlled drug) and/or substance misuse which describes use that adversely interferes with a student's health, study, safety or other social interactions. A few other educational institutions also identified antisocial or unprofessional behaviour arising while under the influence of drugs or alcohol as grounds for raising concern about a student's fitness to practise.

Many students who use drugs will not do so problematically, and as such, there should be a clear distinction between non-problematic substance use and substance misuse that could raise concerns about a student's fitness to practise. For example, a student's drinking would not automatically raise concerns about their fitness to practise because the use of alcohol is distinguished from its misuse.

Given the above, if a student's substance use does not constitute a criminal offence and does not affect their physical or mental health<sup>38</sup> to a degree that impairs their fitness to practise, this alone should not be sufficient grounds to initiate fitness to practise proceedings. If there are sufficient grounds to initiate fitness to practise proceedings against a student, they should be offered appropriate support and there should be enough flexibility and discretion to apply a warning or outcomes that are reasonable and proportionate to the individual circumstances.

### Residential policies

Many UK universities' student accommodation providers also discipline students for drug-related behaviour that is not a criminal offence or does not incur criminal liability. Section 8 of the Misuse of Drugs Act 1971 creates a criminal liability for occupiers or managers who allow their premises to be used for:

- "a) producing or attempting to produce a controlled drug in contravention of section 4(1) of this Act;
- b) supplying or attempting to supply a controlled drug to another in contravention of section 4(1) of this Act, or offering to supply a controlled drug to another in contravention of section 4(1);
- c) preparing opium for smoking;
- d) smoking cannabis, cannabis resin or prepared opium."

This excludes the possession of any drug including cannabis (unless this is smoked on the premises) and also excludes the use of any drug (except for the specific act of smoking cannabis or opium). Therefore, student accommodation occupiers or managers are only liable in situations where students are actually smoking cannabis on the premises.<sup>39</sup>

The number of student disciplinary incidents (and their outcomes) for drug-related misconduct in student accommodation is unknown, mainly due to differences in recording across universities/colleges and their types of student accommodation. Nonetheless, many of student accommodation providers state that drug-related misconduct (in

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particular possessing a controlled drug and/or smoking cannabis on the premises) is a breach of a student's license agreement. These providers identify immediate eviction as the sole disciplinary outcome for these issues, with the possibility of reporting students to the police.

In effect, many educational institutions are associated with student accommodation providers that discipline their student residents for behaviour that does not constitute a criminal offence or incur criminal liability, namely the use of any drugs (other than cannabis, cannabis resin or opium), possessing a drug controlled under the Psychoactive Substance Act or possessing drug paraphernalia.<sup>40</sup>

Other student accommodation providers adopt more flexibility and discretion around their inhabitants' drug use, applying warning systems or outcomes that are reasonable and proportionate to the individual circumstances. This approach could also be taken for behaviours that constitute a criminal offence (eg possessing a controlled drug on the premises) or incur criminal liability (eg smoking cannabis on the premises) because there is no mandated disciplinary approach for accommodation providers and no legal requirement for them to report suspected or alleged criminal behaviour to the police.

If the aim of a disciplinary approach is to deter certain drug-related behaviours in student accommodation, a warning system would arguably be more effective than immediate eviction and would also avoid

students being marginalised from student accommodation and potentially also institutional support. Regardless of the disciplinary approach taken by accommodation providers, students found to be possessing or using drugs at their place of residence should also be signposted to appropriate support. This could include specialist drug services (Appendix 1), legal advice (eg Release) and/or university/college support to find alternative accommodation.

# Recommendations

## Educational institutions<sup>41</sup>

The findings from our study call into question both the effectiveness and fairness of a punitive approach when addressing student drug use. Policy responses that focus solely on disciplining students fail to recognise the complex reasons that lead people to use drugs and therefore there is a risk that they may only serve to further marginalise certain groups of students, such as poorer students and those from a liberation background. The recommendations below therefore encourage stakeholders to identify alternative and supportive ways of dealing with drug use.

A range of appropriate support, particularly harm reduction advice and information (see Appendix 1) should be made available to students (rather than mandated).

Surveillance measures to detect drugs on campus and to identify student drug-related misconduct should not be used if they are invasive and of limited reliability, such as sniffer dogs and drug swab testing.

Students should not be disciplined for drug-related behaviour that does not constitute a criminal offence, such as merely using substances, possessing a drug that may come under the Psychoactive Substances Act 2016 or possessing drug paraphernalia.

Disciplinary outcomes for student drug offences should be reasonable and

proportionate,<sup>42</sup> with enough flexibility to determine outcomes based on individual circumstances.<sup>43</sup> This should also consider whether alternative outcomes might better tackle the root cause of drug-related misconduct (eg support to access a bursary if a student is facing financial pressure) Drug possession incidents should be dealt with informally (i.e. “no further action” or “informal resolution”) and through signposting students to a range of appropriate services at each stage.

If a more punitive approach is required this should be applied through a formal warning system with the least punitive outcomes after a first or second incident and subsequent incidents via reasonable and proportionate measures. Students should not be reported to the police or permanently excluded from their studies for simply possessing a drug.

If a student is reported to the police for a suspected or alleged drug offence (eg supplying a controlled drug), they should be signposted to legal advice and information services (eg Release). The student may be temporarily excluded as a precautionary measure, pending the outcome of any criminal investigations.<sup>44</sup> Again, disciplinary outcomes should be reasonable and proportionate.

Concerns about a student’s fitness to practise in their field of study should only be raised if their behaviour constitutes a criminal offence and/or affects their physical or mental health<sup>45</sup> to such an extent that it impairs their fitness to practise. If a student is referred to fitness

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to practise proceedings on these grounds, a range of appropriate support should be made available to them, disciplinary measures should be reasonable and proportionate and be preceded by a warning. Institutions should work with their relevant academic departments (eg medicine or law) to ensure this policy is applied fairly and consistently.

Disciplinary cases for non-academic misconduct (including in student accommodation and fitness to practise proceedings) should be monitored annually to ensure that disciplinary measures are reasonable, proportionate and comply with the Public Sector Equality Duty, created by the Equality Act 2010. This should include monitoring disciplinary cases and their outcomes for students with protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender identity or sexual orientation).

Educational institutions should work collaboratively with students' unions to review their policies that relate to drugs and ensure that they adopt a consistent approach.

Current and revised drug policies must undergo an equality impact assessment to ensure that students from oppressed groups (liberation groups, international students and poorer students) are not disproportionately affected by disciplinary outcomes and that measures are in place to mitigate this.

Educational institutions should ensure that all students are able to access adequate mental health support services, particularly those from liberation groups and others who are more vulnerable to experiencing mental illnesses.

Mental health services should be equipped to deal with honest discussions about drug use without students risking being punished for using drugs. These services should be integrated with drug and sexual health services (see Appendix 1 for example drug service providers).

## Students' unions

Students' unions should work collaboratively with educational institutions to review policies that relate to drugs and ensure that they adopt a consistent approach.

Provide harm reduction advice and information for students, either by training advice staff or via an independent drug charity.

Best practice drug checking services should be promoted, such as those provided by WEDINOS and The Loop. Alternatively, reagent test kits (basic DIY kits) could be made available to students alongside harm reduction advice and information on the limitations of these kits.

Work with local nightclubs and venues to ensure complementary harm reduction advice and information is provided in places where students might use drugs.

Campaigns on accessible student housing should be extended to address appropriate disciplinary procedures for drug-related behaviour that does not constitute a criminal offence.

Work with local trade unions and professional bodies to ensure fairness and consistency on fitness to practise issues.

## NUS

Undertake a membership-wide consultation to identify the resources and needs of students' unions to provide drug advice and education, and to identify and share best practice on supporting students who use drugs problematically.

Work with student groups such as Students for Sensible Drug Policy UK to identify and promote peer-led initiatives to educate and support students who use drugs.

Ensure the "welfare and wellbeing" strand of NUS100 (NUS' organisational strategy) incorporates this work and student drug use more broadly.

The NUS Trans Campaign should build a decriminalising drugs strand into its wider transformative justice work. This should collaborate with other liberation campaigns to involve groups disproportionately affected by drugs and drug policy.

Undertake an analysis of the policy environment in further education and provide guidance for further education providers to respond to student drug use.

Work with trade unions and professional bodies on gain clarity on fitness to practise and issue guidance.

## Student accommodation providers

Residents in student accommodation should not be disciplined for drug-related behaviour that does not constitute a criminal offence or incur criminal liability for the accommodation occupier or manager.

Students found possessing a controlled drug or smoking cannabis in their student accommodation should be signposted to a range of appropriate support and should initially be dealt with via a warning system (rather than be immediately evicted). Disciplinary outcomes for other drug-related misconduct should be reasonable and proportionate.

## Release

Work with educational institutions, students' unions and accommodation providers to implement the above recommendations.

Work with NUS to produce resources and training for students' unions' staff and welfare officers.

Encourage students to access legal information and advice about drugs via Release's website and helpline.

Promote students' access to harm reduction information on Release's website and other external platforms.

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## Methodology

We used two approaches to understand the nature of around student drug use: a survey aimed at UK-based students; and a review of the different policy responses through both a self-completion questionnaire aimed at UK higher educational institutions and an independent assessment of publicly available information for these institutions.

The survey was developed by NUS in full consultation with Release. The survey was available to all students in further and higher education but due to Market Research Society guidelines this was not open to those sixteen years old and below. This is because extra permissions are needed to collect this kind of data (i.e. on sensitive issues such as drugs and alcohol) from that age group e.g. parental consent.

A final sample of 2,810 students was achieved. NUS Trans Campaign and NUS Welfare Zone offered a prize draw of a share of £150, £50 or £25 to encourage responses. The survey was advertised via the NUS Extra student database, through the Alcohol Impact and Healthy Universities cohorts, through partners and friends of NUS Trans Campaign and Release and Students for Sensible Drug Policy UK channels. The survey took most respondents approximately 15 minutes to complete (20 minutes for trans respondents who were asked some additional questions). Within this report, a number of demographic questions have been broken

down and compared. Where there were any statistical significant differences between answers, they are reported where applicable to a sufficiently large base size ( $n > 30$ ) and are valid at a confidence level of 99 per cent.

Release requested information from 151 higher education institutions in the UK through a self-completion questionnaire and received a response from each of these institutions (amounting to a 100 per cent response rate). Some institutions provided a partial response due to some information being exempt under the Freedom of Information Act 2000 or the Freedom of Information (Scotland) Act 2000. Where partial responses were provided, this has been noted.

The sample of universities and colleges was selected from the list of recognised bodies (higher learning institutions that can award degrees).<sup>46</sup> Unfortunately, it was not feasible to survey and assess further education providers due capacity and time constraints (with there being approximately 400 further education providers in NUS' membership alone) and due to higher education being Release's main area of interest. The particular challenges posed by the interrelationship between further education providers, local authorities and NHS trusts requires a distinct piece of research which is acknowledged in our recommendations. Information was also requested from the 75 colleges at the University of Cambridge and the University of Oxford because each college adopts a different approach to drugs. Seven

Oxbridge colleges did not respond, amounting to a 91 per cent response rate.

The General Medical Council (GMC) responded to another request for information regarding fitness to practise procedures for medical students' drug-related misconduct, stating, "The medical student information that we receive from medical schools does not have a category relating to controlled substances and so I am afraid that the information you have asked for is not held by the GMC. If it's helpful you may like to see the table, below [Table 1], which gives a breakdown of the category of cases which have been reported to us by the UK medical schools. We have carried out a review of all of these cases but have not been able to identify any that relate to controlled substances – though I should caution that we can only analyse the cases based on the description of each one as supplied by the medical school."

Table 1: Fitness to practise data supplied by GMC	
Fitness to practise concern	Number of cases
Conduct	145
Conduct; conviction/caution	8
Conduct; conviction/caution/other	3
Conviction	6
Health	21

Health/conduct	55
Health/conduct/conviction/caution	1

In addition to the students' drug survey and freedom of information requests, Release conducted an independent assessment of the drug-related policies and support available for students at the 151 universities/colleges. The assessment was done via a content analysis of relevant policy documents which were publicly available. Documents were considered relevant if they related to any of the following: terms and conditions of student enrolment; student code of conduct; student disciplinary policies and procedures; drug policies; fitness to practise policies and procedures; support; terms and conditions of residence in student accommodation. It is therefore important to note that the findings represent the content of relevant policy documents. For example, the proportion of universities/colleges signposting students to Talk to Frank represents the number of institutions that explicitly signposted to this service in a publicly available policy document, such as the support section of their webpage or in a dedicated drug policy document.

The document collection and screening process is summarised in Figure 2 (as in Wild *et al.*'s study).<sup>47</sup> Following the screening process, no relevant policy documents were identified in 5 out of the 151 Universities/colleges. Documents were subsequently analysed using a deductive

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coding framework for the content analysis. Two separate coding pilots were independently conducted by four coders. Discrepancies in coding were identified and discussed among coders before subsequently revising the coding framework. The final coding manual is summarised in Figure 2.

A review of the institutions' disciplinary approaches to drug-related student misconduct was done for the universities/colleges with explicit disciplinary outcomes for drug-related misconduct and this also informed the policy recommendations. Using a content analysis to independently assess institutional policies and support was advantageous because it was unobtrusive and thus non-reactive, as well as transparent and replicable due to the sampling procedures and coding framework.

The research design also incorporated steps to minimise the limitations associated with content analysis. Firstly, the inevitable subjectivity of coders' interpretation was minimised by piloting the coding framework twice and having a team of four coders.<sup>48</sup> Secondly, codes that attempted to impute latent, rather than manifest, content (eg whether harm reduction information is provided) were identified and removed during the pilot process.<sup>49</sup> Lastly, the screening process maximised the authenticity, credibility and representativeness of sampled documents.<sup>50</sup>

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## Respondent profile

The vast majority of respondents to the Students' Drug Survey were in full-time study (88 per cent) and in higher education (80 per cent). 16 per cent of responses were from students in further education. Due to Market Research Society guidelines the survey was not open to 16 year olds. This is because extra permissions are needed to collect this kind of data (i.e. on sensitive issues such as drugs and alcohol) from those aged 16 and under e.g. parental consent. A majority (68 per cent) of respondents were aged 18–22.

Fifty-five percent of respondents identified as women, 40 per cent as men and five per cent as non-binary. One per cent identified as agender and a further one per cent in another way. Eight per cent of all respondents told us that their gender did not match the one they were assigned at birth.

Sixty-six per cent of student responding to the survey were heterosexual/straight; 15 per cent identified as bi/bisexual; five per cent as queer; four per cent as gay; three per cent identified as lesbian; two per cent asexual; and small groups preferring to self-describe their sexual orientation or preferring not to say.

A large majority of respondents defined as White, making up 85 per cent of the total.

Asian or Asian British groups were represented at four per cent; Black or Black British at two per cent and a further two per cent identified as Mixed.

A quarter (twenty five per cent of respondents) told us they were disabled, most commonly related to mental health but unseen disabilities or health conditions and learning difficulties were other notable responses. Seventy per cent of respondents did not consider themselves to have a disability or long term health condition.

Respondents were primarily UK citizens (89 per cent). International students from within the EU comprised a further five per cent and three per cent were outside of the EU. Nationally there was a geographic spread of responses with one in four respondents from the South West (25 per cent), one in five from Yorkshire and the Humber (20 per cent). Other regions included West Midlands (nine per cent); North West (eight per cent); London (eight per cent); South West (eight per cent); East Midlands (six per cent); North East (four per cent). Responses from the Nations included seven per cent from Scotland, three per cent from Wales and 1 per cent from Northern Ireland.

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## Endnotes

<sup>1</sup> Drug Misuse: Findings from the 2016/17 Crime Survey for England and Wales. Edition 1. UK Home Office. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/642738/drug-misuse-2017-hosb1117.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/642738/drug-misuse-2017-hosb1117.pdf)

As a household survey the Crime Survey for England and Wales is limited in its ability to pick up on prevalence and patterns of drug use in relation to specific populations eg students, and also only collects data on the more 'traditional' drugs leaving out info on emerging drug trend.

<sup>2</sup> 2017 Drug Strategy (2017) UK Home Office. Available at: <https://www.gov.uk/government/publications/drug-strategy-2017>

<sup>3</sup> Luckwell J. (2017) 'Drug Education Programme Pilot: Evaluation Report', Avon and Somerset Constabulary, 17 March 2017, Pg. 4- 5 (provided by Avon and Somerset police by email 15 March 2018). Diversion schemes seek to defer criminal justice proceedings against an individual who has been caught in possession of drugs and instead requires them to attend an educational programme or have an intervention with a specialist to address their drug use. If the person engages with the various options there will be no further action brought against them.

<sup>4</sup> In practice decriminalisation means that some action is taken against the offence but that is not a criminal justice response. A civil offence means that the person receives a fine (similar to a parking fine), referral to treatment or some other relevant action rather than being criminalised.

<sup>5</sup> See [https://www.drugpolicy.org/sites/default/files/DPA\\_Fact\\_Sheet\\_Stigma\\_and\\_People\\_Who\\_Use\\_Drugs.pdf](https://www.drugpolicy.org/sites/default/files/DPA_Fact_Sheet_Stigma_and_People_Who_Use_Drugs.pdf)

<sup>6</sup> "Study drugs" or "smart drugs" are prescription drugs taken specifically for cognitive enhancement; to improve focus, motivation and decision making. While the government has recently attempted to crackdown on their availability through shutting down UK based websites selling study drugs, they can still be purchased online and accessed outside of medical treatment (eg using drugs prescribed to someone else).

<sup>7</sup> Quinton, M. (2016). My Smart Drugs Nightmare. The Sun [online]. Available at: <https://www.thesun.co.uk/living/1949817/as-fake-study-pills-become-a-staple-of-university-life-we-speak-to-two-students-who-reveal-the-horrifying-consequences-of-brain-boosting-drugs/>

<sup>8</sup> Ross Coomber, Leah Moyle & Nigel South (2015) The normalisation of drug supply: The social supply of drugs as the “other side” of the history of normalisation, *Drugs: Education, Prevention and Policy*, 23:3, 255-263, DOI: 10.3109/09687637.2015.1110565.

Available at:  
<https://www.tandfonline.com/doi/full/10.3109/09687637.2015.1110565>

<sup>9</sup> The Loop operates at specific locations, for example certain festivals. It uses infrared spectroscopy (ATR-FTIR) as its primary method of drug testing and also offers welfare, harm reduction and brief interventions alongside drug testing services. Onlie service WEDINOS provides information on the chemical profile of samples tested alongside harm reduction information. For more information see <https://wearetheloop.org/equipment/> and [http://www.wedinos.org/about\\_us.html](http://www.wedinos.org/about_us.html)

<sup>10</sup> Brown, P (2016) The invisible problem? Improving students’ mental health, The Higher Education Policy Institute. Available online at:  
<http://www.hepi.ac.uk/2016/09/22/3592/>

<sup>11</sup> Mental Health Foundation. (2016). *Fundamental Facts About Mental Health 2016*. Mental Health Foundation: London. Available online at:  
<https://www.mentalhealth.org.uk/statistics/mental-health-statistics-men-and-women>

<sup>12</sup> Stonewall, *Unhealthy Attitudes: The treatment of LGBT people within health and social care services*. Available online at:  
[https://www.stonewall.org.uk/sites/default/files/unhealthy\\_attitudes.pdf](https://www.stonewall.org.uk/sites/default/files/unhealthy_attitudes.pdf)

<sup>13</sup> This NUS Trans Campaign report is due to launch later in 2018.

<sup>14</sup> NUS, *Students and Alcohol* (2016) Available online at:  
<https://alcoholimpact.nus.org.uk/research>

<sup>15</sup> Release, *Numbers in black and white: ethnic disparities in the policing and prosecution of drug offences in England And Wales*. Available online at:  
<https://www.release.org.uk/publication/s/numbers-black-and-white-ethnic-disparities-policing-and-prosecution-drug-offences>

<sup>16</sup> McLaren, J., Mattick, R.P., *Cannabis in Australia: use, supply, harms, and responses*, Sydney: National Drug and Alcohol Research Centre, University of New South Wales, 2007. Pg. 560

<sup>17</sup> See:  
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/sexual-offences-in-england-and-wales/year-ending-march-2017#reporting-of-sexual-assault-by-rape-or-penetration>

<sup>18</sup> Please note that 3 university/colleges did not respond to this question.

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<sup>19</sup> Narcotics Anonymous was not included in the student drug survey, so student access to this survey could not be compared to university/college signposting.

<sup>20</sup> Harm Reduction International. (2010) Human Rights and Drug Policy: Compulsory Drug Treatment. Briefing 4, Available online at:

[https://www.hri.global/files/2010/11/01/IHRA\\_BriefingNew\\_4.pdf](https://www.hri.global/files/2010/11/01/IHRA_BriefingNew_4.pdf)

Werb, D. et al. (2016) 'The effectiveness of compulsory drug treatment: A systematic review', International Journal of Drug Policy, 28:1.9.

<sup>21</sup> United Nations Office on Drugs and Crime (UNODC). (2016) World Drug Report 2016. Available online at:

[http://www.unodc.org/doc/wdr2016/WORLD\\_DRUG\\_REPORT\\_2016\\_web.pdf](http://www.unodc.org/doc/wdr2016/WORLD_DRUG_REPORT_2016_web.pdf)

<sup>22</sup> For a more detailed description of harm reduction approaches to drug use, see Harm Reduction International's definition at: <https://www.hri.global/what-is-harm-reduction>

<sup>23</sup> While almost half (40 per cent) of universities/colleges signposted students to local drug services, these usually deal with dependency. Where harm reduction is provided by local drug services, the quality and extent of information and advice provided will vary substantially.

<sup>24</sup> Crime, Policing and Fire Group (CPF) Drugs and Alcohol Unit, (2017) The testing of substances suspected to be drugs controlled under the Misuse of Drugs Act 1971. Home Office Circular.

<sup>25</sup> The University of Buckingham. (2016) University clamps down on drugs, 25 February 2016. Available online at:

<https://www.buckingham.ac.uk/latest-news/university-clamps-down-on-drugs/>

Coughlan, S. (2016) University brings police sniffer dogs to stop drug use. BBC News, 4 March 2016. Available online at: <http://www.bbc.co.uk/news/education-35726877>

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<sup>26</sup> Williams, H. (2016) Uni of Sheffield to implement sniffer dogs and ID scanners after drug death. Mixmag, 12 July 2016. Available online at:

<http://mixmag.net/read/sheffield-uni-to-implement-sniffer-dogs-and-id-scanners-following-mdma-death-news>

<sup>27</sup> Dishman, S. (2016) Newcastle student blocks to be checked for drugs after quantities found across the city. ChronicleLive, 16 November 2017. Available online at:

<https://www.chroniclive.co.uk/news/north-east-news/newcastle-student-blocks-checked-drugs-13908997>

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[10/30/random-drug-searches-of-newcastle-university-accommodation-will-be-carried-out-by-police-27983](#)

<sup>28</sup> Hathaway R. (2015) Nottingham Trent University halls to be raided by police sniffer dogs in drugs crackdown. CBJ Target, 13 November 2015. Available online at:

<https://cbjtarget.co.uk/2015/11/13/nottingham-trent-university-halls-to-be-raided-by-police-sniffer-dogs-in-drugs-crackdown/>

<sup>29</sup> NSW Ombudsman. (2006) Review of the Police Powers (Drug Detection Dogs) Act 2001. Available online at:

[http://www.ombo.nsw.gov.au/\\_data/asset/s/pdf\\_file/0003/4458/Review-of-the-Police-Powers-Drug-Detection-Dogs-Part-2\\_October-2006.pdf](http://www.ombo.nsw.gov.au/_data/asset/s/pdf_file/0003/4458/Review-of-the-Police-Powers-Drug-Detection-Dogs-Part-2_October-2006.pdf)

Thethi, P. (2016) UK Festivals & Sniffer Dogs: Their Regulations, Your Rights. Release Blog, 13 June 2016, Available online at:

<https://www.release.org.uk/blog/uk-festivals-sniffer-dogs-their-regulations-your-rights>

<sup>30</sup> Temporary exclusion may also be used as a precautionary measure (rather than a disciplinary sanction) pending the outcome of a criminal investigation, as recommended in 'Guidance for Higher Education Institutions: How to Handle Alleged Student Misconduct Which May Also Constitute A Criminal Offence' produced by Universities UK and Pinsent Masons. The guidance is available in full at:

<http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2016/guid>

[ance-for-higher-education-institutions.pdf](#)

<sup>31</sup> Please note that one university/college did not respond to this question.

<sup>32</sup> When interpreting the percentage of universities/colleges that can refer students to fitness to practise procedures and evict students from their student accommodation, note that some universities/colleges will not have degree programmes that incorporate fitness to practise and some will not have student accommodation.

<sup>33</sup> Of the 151 UK universities and colleges sent a freedom of information request, 44 were unable to provide the exact number of recorded incidents of student (non-academic) misconduct by type of misconduct (ie possession, supply, other). This was either because all of the requested information was not held centrally (16), was not recorded in the same format (11), and/or raised concerns around data protection because of small numbers (eg <5) (22). In addition, some universities' responses noted that these figures exclude incidents of misconduct falling under separate procedures for student halls of residence (3). As such, the minimum numbers of recorded incidents of student (non-academic) misconduct are reported.

<sup>34</sup> At least 962 incidents of student misconduct for drug possession resulted in a formal warning, 96 resulted in no further action being taken, 38 resulted in temporary exclusion, and 21 resulted in permanent exclusion. Due to the high

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amount of 'other' disciplinary outcomes, numbers are not reported, although many responses specified that the 'other' outcomes were fines. Findings from the student drug survey were also consistent with this analysis. Of the 49 respondents who had been found in possession of drugs while at their institution, most were resolved via a formal warning and/or a fine.

<sup>35</sup> Liverpool Hope University permanently excluded 11 of its students for drug possession – more than any other university in the UK. The other universities that permanently excluded students for drug possession during the last academic year were: Anglia Ruskin University; Cardiff Metropolitan University; University of Chester; University of Exeter; Harper Adams University; Keele University; London South Bank University; Newcastle University; St George's, University of London; and the University of Worcester.

<sup>36</sup> For further information on drug offences in the UK, see Release's online legal advice at <https://www.release.org.uk/law/offence> S.

<sup>37</sup> Medical Schools Council and General Medical Council. (2016) Professional behaviour and fitness to practise: guidance for medical schools and their students. Available online at: [https://www.gmc-uk.org/Professional\\_behaviour\\_and\\_fitness\\_to\\_practise\\_0816.pdf\\_66085925.pdf](https://www.gmc-uk.org/Professional_behaviour_and_fitness_to_practise_0816.pdf_66085925.pdf); Health & Care Professions Council (HCPC). (2016) Guidance on Conduct and Ethics for Students: Information for students and education providers. Available online at:

<http://www.hpc-uk.org/assets/documents/10002C16Guidanceonconductandethicsforstudents.pdf>

<sup>38</sup> Section 35C(2) of the Medical Act 1983.

<sup>39</sup> As well as other behaviours listed in section 8 of the Misuse of Drugs Act 1971.

<sup>40</sup> For further information on criminal liability arising under section 8 of the Misuse of Drugs Act 1971, see Release's online legal advice at: <https://www.release.org.uk/law/drug-use-your-home-section-8>

<sup>41</sup> Based on the policy analysis of higher education institutions but many will be relevant to further education providers.

<sup>42</sup> This recommendation was also made in 'Guidance for Higher Education Institutions: How to Handle Alleged Student Misconduct Which May Also Constitute A Criminal Offence' produced by Universities UK and Pinsent Masons. The guidance is available in full at: <http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2016/guidance-for-higher-education-institutions.pdf>

<sup>43</sup> Mitigating factors could include: the outcome of any ongoing police investigations; first time misconduct; a lack of co-occurring (eg violent or sexual) misconduct; an admission of guilt; an apology or expression of remorse; the student's personal circumstances (eg housing, mental health). Aggravating

factors could include: the outcome of any ongoing police investigations; repeat misconduct; other co-occurring misconduct; breach of a temporary exclusion or suspension.

<sup>44</sup> This recommendation was also made in 'Guidance for Higher Education Institutions: How to Handle Alleged Student Misconduct Which May Also Constitute A Criminal Offence' produced by Universities UK and Pinsent Masons. The guidance is available in full at:  
<http://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2016/guidance-for-higher-education-institutions.pdf>

<sup>45</sup> Section 35C(2) of the Medical Act 1983.

<sup>46</sup> See <https://www.gov.uk/check-a-university-is-officially-recognised/recognised-bodies>

<sup>47</sup> Wild et al. (2017) Canadian harm reduction policies: A comparative content analysis of provincial and territorial

documents, 2000–2015, *International Journal of Drug Policy*, 45:11, Fig. 1.

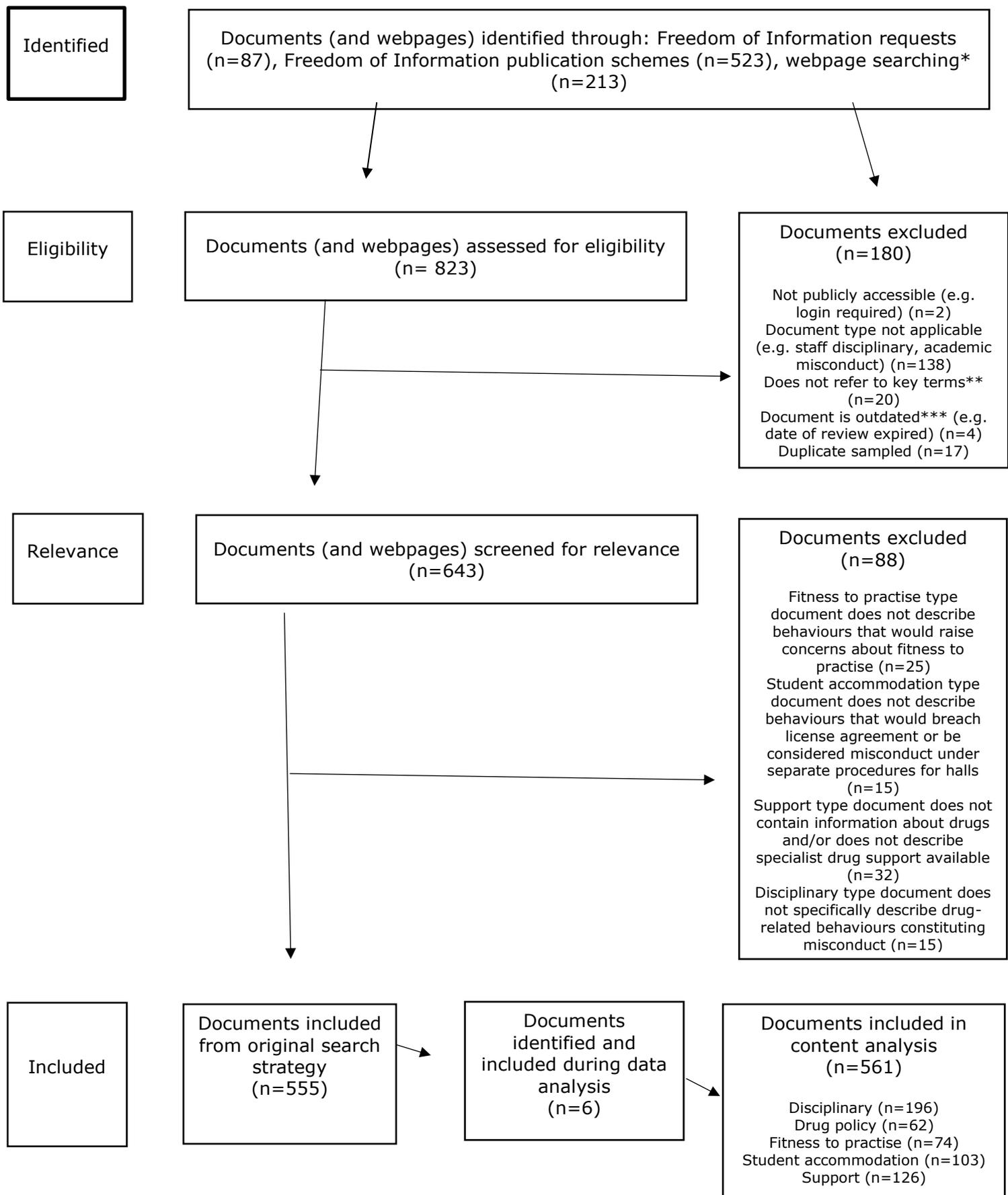
<sup>48</sup> Bryman, A. (2015) *Social Research Methods*, fifth ed. Oxford University Press; Schreier, M. (2012) *Qualitative Content Analysis in Practice*. SAGE Publications.

<sup>49</sup> Bryman, A. (2015) *Social Research Methods*, fifth ed. Oxford University Press.

<sup>50</sup> Bryman, A. (2015) *Social Research Methods*, fifth ed. Oxford University Press; Scott, J. (1990) *A Matter of Record: Documentary Sources in Social Research*. Polity; Wild et al. (2017) Canadian harm reduction policies: A comparative content analysis of provincial and territorial documents, 2000–2015, *International Journal of Drug Policy*, 45:9–17.

<sup>50</sup> For more information about s.8 please refer to Release's resource at: <https://www.release.org.uk/law/drug-use-your-home-section-8>

Figure 1. Document collection and screening process



\*Search terms used were: "disciplinary", "procedure", "fitness to practise", "drugs", "alcohol", "illegal", "criminal", "substance use", "substance misuse", "student conduct", "misconduct", "policies", "non-academic", "regulations", "terms", and "conditions".

\*\*Key terms chosen were: "drug(s)", "alcohol", "substance(s)", "addict(ion)", "legal highs", "NPS", "criminal", "illegal", "misconduct", "discipline", "disciplinary".

\*\*\*More than 20 sampled documents had expired review dates, although some of these were excluded for other reasons or Universities/colleges confirmed that this was the most up-to-date version of the document.

Themes	Sub-themes	Code	Sub-code	Ref #	Description / Examples	Specification	
Wellbeing	Internal information & support		In-house support	W1	Document(s) explicitly state that in-house (e.g. via University/college/students' union staff/services) support and/or information is available to students around drugs. E.g, the document may state that counselling services provide support around "drug addiction" and other areas. In-house support is not considered to be available if support is offered around other relevant areas (e.g. mental health, drinking, smoking) without explicitly offering support around drugs.	None	
			Legal information	W2	Document(s) note that some student drug-related behaviour can constitute a criminal offence (e.g. possessing a drug controlled under the Misuse of Drugs Act 1971) and may also outline the potential criminal sanctions for drug offences. Any reference to criminal offences that do not directly relate to a student's behaviour will not be considered applicable to this code; eg, if the document refers to the University's potential criminal liability under section 8 Misuse of Drugs Act 1971 for permitting certain drug-related activities to take place on its premises - see D8, this will not apply. Please specify if the document incorrectly states that drug use is a criminal offence.	If the document incorrectly states that drug use is a criminal offence (rather than possession), please specify this verbatim.	
	External information & support (signposting)	Types of signposting		Local drugs service	W3	Document(s) signpost students to a local alcohol/drug service. This service will usually be described as a "drug", "alcohol", "substance misuse", "integrated" and/or "recovery" service. Common service providers are "Change, Grow Live (CGL)", "Turning Point", "Addaction", "Blenheim", "Changing Lives", "Cranstoun", "DISC", "Phoenix Futures", and "Lifeline Project".	Please specify the name of the service signposted to and any contact information (e.g. website, address, telephone number) verbatim.
				Narcotics Anonymous (NA)	W4	Document(s) signpost students to Narcotics Anonymous / Alcoholics Anonymous (or other equivalent branch, e.g. Families Anonymous).	None
				Talk to Frank	W5	Document(s) signpost students to Talk to Frank (this may be listed as the 'National Drugs Helpline' in some documents).	None
				NHS webpage	W6	Document(s) signpost students to an NHS webpage that provides information about drugs (e.g. 'The effects of drugs', 'Drug addiction: Getting help', 'Drugs and the brain'). If the document only signposts students to the NHS generally without specifically signposting to drug-related information and/or support, this will not apply.	None
				Release	W7	Document(s) signpost students to Release.	None
				Online user forums	W8	Document(s) signpost students to online user forums (e.g. Trip Report, Erowid).	None
				Drugsand.me	W9	Document(s) signpost students to Drugsand.me.	None
				Other	W10	Document(s) signpost students to another external service for support and/or information around drug/alcohol (mis)use that is not listed above. If the service/website/organisation signposted to only offers generalised support (e.g. GP, local health centre) or support around other relevant areas (e.g. mental health, sexual health, smoking cessation, drinking) without	Please specify the other service/website/organisation signposted to verbatim.

				explicitly offering support around drugs, this will not apply.		
		Quality of signposting	Incorrect signpost	W11	Document(s) signpost students to external services for support and/or information around drug (mis)use and the service is no longer provided. For example, if a local drug service (e.g. Lifeline Project) is no longer commissioned, this will apply.	None
			Incorrect contact information	W12	Document(s) signpost students to external services for support and/or information around drug (mis)use and the contact information provided for any of these services is incorrect and/or outdated (e.g. if the service signposted to has a link or telephone number listed that does not work, this will apply).	None
Punishment	(Legal) Drug-related misconduct		Use / consumption / intoxication	P1	Document(s) explicitly state that the use/misuse/consumption and/or being under the influence/intoxication of any drug on its own would constitute student misconduct. If the document only refers to inappropriate behaviour while under the influence of drugs and/or alcohol (e.g. anti-social behaviour, sexual/violent behaviour, driving, operating machinery), this will not apply. This will usually be listed as an example of student behaviour that would constitute misconduct under the University's disciplinary regulations.	None
			Possessing a drug controlled under the Psychoactive Substances Act 2016	P2	Document(s) explicitly state that possession of a drug controlled under the Psychoactive Substances Act 2016 would constitute student misconduct. The document will usually refer to possessing 'novel psychoactive substances' (NPS), 'legal highs' or specific NPS (e.g. nitrous oxide/laughing gas, synthetic cannabis/'Spice') instead of specifically referring to the Act. If the document(s) refers to the possession of a "drug", "controlled drug" or "drug controlled under the Misuse of Drugs Act 1971" as constituting student misconduct, this will not apply. This will usually be listed as an example of student behaviour that would constitute misconduct under the University's disciplinary regulations.	None
			Possessing drug paraphernalia	P3	Document(s) explicitly state that possession of drug paraphernalia would constitute student misconduct.	None
		Disciplinary outcomes	Drug-related misconduct	P4	Document(s) list or give examples of the potential sanctions specifically for student drug-related misconduct under University disciplinary procedures (this is separate to halls and fitness to practise procedures in D7 and D9). Firstly, student drug-related misconduct must specifically refer to "drug/s" or "substance/s" (e.g. substance misuse, possessing a drug, supplying a drug). Broader terms (e.g. student behaviour which constitutes a criminal offence/brings the university into disrepute) that do not refer to drugs will not apply. Secondly, (potential) sanctions must be clearly linked to student drug-related misconduct (eg, if a document stated "drug possession will result in a written warning and drug dealing will result in expulsion" or "use/possession/supply of controlled substances on university premises can lead to a number of disciplinary outcomes including fines, written warnings, expulsion"	Please specify the student drug-related behaviour(s) and potential sanction(s) verbatim. Please also specify categories of misconduct (e.g. major/minor), if applicable.

				these clearly link drug-related misconduct to potential sanctions and would both apply). Drug-related misconduct and potential sanctions may also be linked if the document(s) list potential sanctions for different categories of misconduct by their severity (e.g. major/minor, type 1/2/3) and specify where drug-related misconduct falls within these categories (e.g. use/possession/supply of controlled drugs is major misconduct, possessing NPS or Class B/C drug is type 3 and possessing Class A drug is type 2, 1st time misconduct for possession is minor and 2nd time is major).	
Separate regulations		Fitness to practise	P5	Document(s) explicitly outlines the type of student drug-related behaviour that would raise concerns about the student's fitness to practise under departmental proceedings. This is usually "chronic drug abuse", "substance misuse", "possessing drugs" or "supplying drugs". If drug-related behaviour is referred to in broader terms (e.g. behaviour which constitutes a criminal offence) but does not specifically refer to "drugs" or "substances", this will not apply.	Please specify the student drug-related behaviour(s) raising concerns around fitness to practise verbatim.
		Section 8 of the Misuse of Drugs Act 1971	P6	Document(s) explicitly refers to Misuse of Drugs Act 1971 (s.8) or describes potential criminal liability arising under s.8 and/or requirements to comply with s.8 (without actually referring to s.8 specifically). E.g, if a document stated "The University is under an obligation to take action where information suggests that drugs are being supplied on its premises. Failure to do so renders a person concerned in the management of any premises liable to prosecution." this would apply. <sup>51</sup>	None
	Halls	Behaviour & outcomes	P7	Document(s) explicitly outline the type of student drug-related behaviour that would constitute a breach of the tenancy agreement and/or misconduct under separate disciplinary procedures for student halls/residential accommodation (eg, if a document stated "If illegal substance use is established this could result in the termination of the Accommodation Tenancy Agreement", this would apply). Document(s) may also outline potential sanctions applied to student drug-related behaviour under separate disciplinary procedures for student halls / residential accommodation. If drug-related behaviour is only referred to in broad terms (e.g. behaviour that constitutes a criminal offence) but does not specifically refer to "drug/s", "substance/s", "opium" or "cannabis", then this will not apply. Document(s) will usually have a section on drugs/substance misuse that refers to such behaviour (and potential sanctions).	Please specify the student drug-related behaviour(s) and potential sanction(s) (e.g. breach of tenancy, warning) verbatim.

## Appendix 1: External services and resources offering harm reduction information and advice

### NHS Choices

Find your local drug treatment service(s) at:

<https://www.nhs.uk/Service-Search/Drug%20treatment%20services/LocationSearch/340>

### Release

Release is the national centre of expertise on drugs and drugs law. The organisation, founded in 1967, is an independent charity. Release provides a free confidential and non-judgemental national information and advice service in relation to drugs and drug laws. Its teams who operate the helpline and respond to your queries are highly knowledgeable lawyers and drug professionals who are on-hand to help and advise you.

<https://www.release.org.uk/drugs-health-advice> <https://www.release.org.uk/helpline>  
<https://www.release.org.uk/drugs-legal-advice>

### The Loop

The Loop is a not-for-profit community interest company established in 2013, which provides drug safety testing, and welfare and harm reduction services at nightclubs, festivals and other leisure events.

<https://wearetheloop.org/club-drug-info/>

### Drugsand.me

This website provides accessible, objective and comprehensive guides to help reduce the short- and long-term harms arising from using drugs.

<https://drugsand.me/en/>

### Welsh Emerging Drugs & Identification of Novel Substances Project

This organisation – WEDINOS for short – provides a mechanism to collect and test unknown, unidentified or new psychoactive substances and combinations of substances. Samples may be submitted by anyone in Wales. Following analysis of samples, WEDINOS produces and disseminates accurate and harm reduction information regarding the chemical profile of the samples and the legal context, via its website, press release health alerts and the quarterly bulletin 'PHILTRE'.

[http://www.wedinos.org/harm\\_reduction\\_advice.html](http://www.wedinos.org/harm_reduction_advice.html)

### HIT

HIT delivers pragmatic and effective interventions on drugs, community safety and other public health concerns. It produces publications, runs mass media campaigns, delivers training, organises conferences and provides consultancy to individuals, community groups, health and social care and criminal justice agencies locally, nationally and internationally. HIT (formerly the Mersey Drug Training and Information Centre) was established in 1985 to reduce drug-related harm and set up one of the UK's first syringe

exchange schemes. Based in Liverpool, the organisation also provides a reference library on drugs.

<https://hit.org.uk/index.php/publications/leaflets>

### UK and Ireland DrugWatch

UK and Ireland DrugWatch is an informal online professional information network (PIN). DrugWatch was set up in November 2010 by a group of professionals working in the drugs sector, in response to the lack of useful information around the 2010 heroin drought, the rise of novel psychoactive substances and an increase in random, often inaccurate, drug warnings. The group aims to establish or increase standards for drug information, alerts and warnings.

<http://www.ukdrugwatch.org/>

### Linnell Publications

Michael Linnell has been producing factual information about drugs for over 25 years – the unique publications he has written and commissioned during that time are available exclusively from Exchange Supplies.

[http://www.exchangesupplies.org/shopsect\\_linnell\\_publications.php](http://www.exchangesupplies.org/shopsect_linnell_publications.php)

### The Global Drug Survey's 'The High-Way Code'

The Global Drug Survey (GDS) is an independent research company based in London. It produces reports for global media, public health and corporate organisations. GDS uses its data and expertise to create digital health applications to deliver screening and brief interventions relating to drugs and alcohol. It creates free online harm reduction resources and anonymous, confidential self-assessment tools.

<https://www.globaldrugsurvey.com/brand/the-highway-code/>

### KFx

KFx seeks to balance a common sense with up-to-date harm reduction and drug policy information, in ways that are accessible for both specialists and non-specialists. It aims to make a subject that is typically the source of controversy, misinformation and myth as open, fair and balanced as possible.

[http://www.kfx.org.uk/drug\\_facts.php](http://www.kfx.org.uk/drug_facts.php)

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