Drug Use by University Students: How Should We Respond?

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Abstract

In this paper it is argued that responses to both legal and illegal drug use by university students should be focussed, for most students, on harm reduction. The use of drugs by young people is common behaviour, and despite the efforts of numerous world governments, the supply of illegal drugs is increasing, and with it the number of illegal drug users. Most of this drug use is experimental or recreational rather than problematic and dependent, and most young people cease using illegal drugs and curtail their use of alcohol as they develop adult responsibilities. There are, nevertheless, many dangers associated with the use of all drugs. For the illegal drugs, these dangers are often related to the very fact that the drugs are illegal (unknown purity, unsafe injecting, inadequate education about how to avoid harm). As it is impossible to stop young people using drugs until they are ready to do so, it is argued that we must adopt a harm reduction approach and assist them to use drugs as safely as possible. In the university context, this means asking routinely but non-judgementally about drug use (including alcohol) when inquiring about health matters, being alert for signs of drug use, making the most of any harm reduction opportunities, and ensuring that harm reduction information is readily available to students via a wide range of means. Harm reduction is also appropriate for those who are experiencing difficulties in relation to their drug use, and who want to help to reduce or cease their use, as relapse is very common. For this group, however, ensuring access to appropriate counselling to assist them to reduce or cease their use is also important.

Drug use by young people

Research shows that the majority of young Australians drink alcohol, about half experiment with marijuana, and a smaller minority with other illicit drugs (Household Survey, 1995). Most people accept, and even approve, of young people drinking alcohol, and although they may not approve of cigarettes smoking, it is not something, which creates widespread fear and panic. Illicit drug use, however, causes violent fear reactions in the majority of adults:

'...The spectres of addiction, psychosis, alienation, and rebellion provoke dramatic responses: legislators enact laws and create control agencies; therapists invent treatment and prevention programmes; parents worry about their children; social scientists conduct studies; and all of these efforts are documented, evaluated and modified (Glassner and Loughlin, 1990, p. 1)

Much of this fear is based on the mistaken assumption that illicit drug use equals harm, and therefore those who use drugs must be 'pathological', 'deviant', 'irresponsible', or personally and socially 'inadequate' and thus unable to stand up to the deadly onslaughts of 'peer pressure'. In reality, the use of psychoactive drugs, both licit and illicit, results in dependence and other significant problems for only a small minority of users (Glassner and Loughlin, 1987; Simons, Conger and Whitbeck, 1988). As Saunders (1996) has observed, while there no such thing as an absolutely safe psychoactive drug, no drug, no matter how terrible its reputation, cannot be used well and wisely. The converse is also true. No drug, no matter how benign its reputation cannot be used disastrously.

In addition, those who use illicit drugs, even so-called ‘hard drugs’ such as heroin, ‘are not all deranged lunatics who enjoy living in squalor facing daily disasters ranging from getting arrested to dying’ (Stewart, 1984). Indeed, people use illicit drugs for any of a number of very good reasons, which are remarkably similar to the reasons for the use of licit drugs. For example, when Zinberg (1984) asked controlled heroin users why they used the drug the most common answer was ‘to enjoy the effect’, followed by ‘for recreation’, ‘for relaxation’, ‘to socialise’ and ‘to escape’. Marsh and Saunders (submitted for publication) asked controlled drinkers why they drank more than they intended or thought they should, and obtained very similar results, with the most common reasons being ‘to enhance socialising’, ‘take time out and relax’ and ‘because it feels good’.

Indeed, the use of illicit drugs such as amphetamines and heroin is no different in principle to the use of licit drugs such as alcohol and caffeine. As Weil (1973) has argued, drug use is but one of many ways in which humans satisfy their innate desires to alter their state of consciousness. The use
of drugs is also arguably less dangerous than some other means of altering consciousness such as racing motorbikes, climbing Mount Everest, playing American Rules football, and perhaps even playing rugby.

Users of illicit drugs find the attitude that alcohol and cigarettes are ‘okay’ but illegal drugs are ‘bad’ very hypocritical. They know that alcohol and cigarettes are more damaging to health than many illicit drugs, heroin being a prime example, in their pure form. They usually know that no-one has ever died from smoking too much marijuana, and that alcohol-related accidents claim the lives of many more young people than do illicit drugs. They know that much of the harm associated with illegal drugs such as marijuana or heroin is caused by their illegal status, rather than being inherent in the drug themselves. Think of the criminal records which preclude young people from entering certain jobs and countries, the corruption of officials in institutions ranging from the police force through to the judiciary and the government, the overdoses caused by the use of drugs of unknown purity, the spread of blood borne viruses such as HIV/AIDS and hepatitis C from the sharing of needles because sterile injecting equipment is often not kept on hand for fear of detection, and the crimes committed to obtain drugs which sell for high prices on the black market. They also know that drugs feel good, and that they and most of their friends who use drugs are experiencing few adverse effects. Telling such young people to ‘just say no’ because illicit drugs are dangerous, will, more often than not, be met with outward compliance but secret derision and the intention to continue using.

Drug use by the young needs to be considered in the context of the transition from adolescence to adulthood. In our society, with the extension of education, depressed job market, and consequently prolonged economic dependence, this period in a person’s life is commonly a time of few responsibilities, and at times frustration. It is a time during which experimentation is integral to attempts to establish independence from parents and an autonomous, integrated identity (Darley, Glucksberg, Kamin and Kinchla, 1984). Drug use has been a feature of almost all human societies (Gossop, 1998), and is pervasively modelled by adults in our society. It is no wonder many adolescents perceive the use of drugs as a ‘badge’ of maturity, a way to have fun, and that ‘inquisitive and independently-minded individuals’, as Moore and Saunders (1991) have termed them, frequently choose to use drugs as one of their means to explore the world, experience new sensations, take risks, define their self-identities, and assert their independence from adults. The majority of young people, even those who use heavily, appear to curtail or cease illicit drug use, and moderate binge drinking patterns as they assume adult roles such as marriage, mortgages and maternity (Bush, 1992; Glassner and Loughlin, 1987; Kandel and Raveis, 1989). In essence, most drug use by young people is best conceived as transitional behaviour that occurs within normal development from adolescence into adulthood.

Indeed, Shedler and Block (1990) provide evidence that drug experimentation by young people is not only normal, but also healthy. In a study of the characteristics of 18 year old abstainers, experimenters, and frequent users of illicit drugs, they found that compared with experimenters, frequent users were alienated, deficient in impulse-control and distressed, but that abstainers were anxious, emotionally constricted and lacking in social skills. The authors state that ‘it is difficult to escape the inference that experimenters are the psychologically healthiest subjects, healthier than either the abstainers or frequent users’ (Shedler and Block, 1990, p. 625). They further argue that approaches which pathologise normal drug use not only frighten parents and educators unnecessarily, but also trivialize the factors underlying heavy use by denying their depth and pervasiveness.

So what do we do about drug use?

This vexed question has lead many health professionals, educators and parents into such states of conflict and bewilderment that they decide it is easier to simply ignore the issue. I would contend that this response is clearly irresponsible. Even though much drug use is relatively harmless, it is obvious that some ways of using drugs are more harmful than others, and that a minority of young people experience significant difficulties in relation to their drug use and need expert help.
As Gossop (1998) has argued, drugs have always and always will be a feature of human existence, and we need to learn to live them. Indeed, with increasing world-wide communication and travel, not only do we need to learn to live with our own traditional drugs, but those of other countries as well. In other words, we need to accept drug use as a fact of life and attempt to minimise the associated harm. This ‘harm reduction’ approach, as a creed in relation to drug use, has been defined as activities aimed at reducing harm directly, without necessarily reducing use (Heather, 1995). The level of harm rather than the level of use is the important issue for harm reduction approaches.

The notion of harm reduction, as defined above, often arouses dispute and hostility, because it challenges prevalent beliefs that illicit drugs are inherently dangerous, illicit drug use is bad, and that a drug free society is not only desirable, but the only acceptable ideal. To those who hold such beliefs dear, many harm reduction strategies are unacceptable because they are deemed to condone drug use. Instead, they believe the focus should be on bringing together all the possible forces of law and order to wage ‘war on drugs’ and thereby stamp them out. However, such approaches, common to Australia, the USA, and many other countries, are failing miserably to rid the world of illicit drugs. Indeed, drugs cannot even be kept out of our jails, so to expect them to be kept out of communities and universities is utterly unrealistic.

The inescapable fact is that we cannot stop people using drugs. At the same time, most young people will cease using illicit drugs, and reduce the amount of licit drug use they engage in over time. Surely our aim should be to keep drug users as healthy as possible until they do so - which means assisting them to use drugs as safely as possible.

Young people need accurate information about drugs, about their effects at different doses, about the effects and dangers of mixing various drugs, and about the legal ramifications of being convicted of various drug offences. So far so good. Not many people would argue against these measures. But this is not enough. Young people also need information about how to use drugs, including alcohol, safely. For example, they need to be advised to use with known people in familiar places, to obtain drugs from known sources, to try a little bit first to test the strength, to carry illegal drugs on them as seldom as possible to minimise the chances of detection, to space their use so it does not interfere with their normal daily activities, and to limit drug use when feeling depressed or having problems because this increases the chances of becoming dependent. They need to be taught about what to do to avoid overdose, how to deal with an overdose, how to inject safely. They need access to the means, such as needles and syringes, to use safely. Finally, they need to know who to approach for help if their drug use starts to become problematic.

Many of the ‘safer using’ measures listed above are becoming more accepted, at least in the health field, in relation to those already using drugs. Allowing non-users also to be exposed to the same information, however, provokes outrage amongst many people on the grounds that it will encourage them to use. This is well illustrated by a recent attempt by Saunders (1994) to provide harm reduction drug education to university students. Presented as a centre spread in the Curtin University student newspaper, the article entitled ‘The illicit drug users’ guide to the galaxy’ was met with comments such as ‘Filth is coming out of the universities in full, living, colour’ (Evans, 1994). A survey of the target audience by Saunders and Wright (1994), however, revealed that 89% of the students surveyed thought that it was appropriate to give the information to drug users, and 85% thought that all students should have access to such information. In addition, 65% thought that it was better for illicit drug users to know how to use safely even if it did tempt non-users to use, and 62% disagreed that knowing how to use drugs safely would encourage more people to use.

There is no research on whether knowing how to use safely encourages more people to use. The issue is, however, that many of today’s non-users are tomorrow’s users, and they need the information before, not after they begin. In addition, those who are interested in drugs, and therefore more likely to use anyway, are more likely to want to find about drug use than are those with little interest, and therefore more likely to read information about drugs.
When it comes to responding to drug use in specific settings such as university communities, decisions about just how to implement harm reduction strategies and how to make harm reduction resources available to students need to be made in the context of university policies, and with input from the university community, staff and students alike. There are, however, some basics that are essential.

**Basic essential responses to drug use**

Many students who present for counselling or assistance with non-drug related problems will be drug users. For some, drug problems may be intimately connected with the presenting issue (such as study problems). For others, drug use might be recreational and unrelated to the presenting issue. Whichever is the case, it is important to make sure that inquiries about drug use are routine when students present for help so that, at the very least, a harm reduction opportunity is not lost.

Support service staff need to have at least a basic understanding about drug use and drug-related problems. They also need to be alert for drug use and drug use problems in their students. Some of the signs of drug use are common to many other things, including stress, too much work, and late nights. They include students having difficulty getting assignments done, often being tired, moody, irritable, depressed or teary; seeming overly defensive and sensitive; experiencing conflict with parents, friends, other students or partners; and of course showing any obvious signs of intoxication such as a lack of coordination, unusual pallor, slurring of words, being overly talkative and generally ‘odd’, and having very large or very small pupils. In relation to assignments, some students also stay awake for days to complete them under the influence of stimulant drugs such as amphetamines, and these students are unlikely to perceive their drug use as problematic.

The best way to deal with suspicions about drug use is to ask in matter of fact but non-judgmental manner. One way to begin could be by noting that whether we want them to or not, lots of young people use a variety of different drugs, and that it is important that they do so as safely as possible. Sometimes it might be appropriate to begin with the observation that when under stress people cope in lots of different ways, including using drugs or alcohol. After such a general, explanatory introduction, ask about drug use. Find out whether the student has any concerns that they are willing to talk about. If they deny drug use or admit it but do not perceive it as a problem, make sure they have access to harm reduction information. If they admit to having concerns about their drug use, make sure they have access to harm reduction information and counselling.

A very useful technique for getting people to consider their drug use and its consequences is to elicit from them the positives and the negatives, or the good and less good things, they perceive to be associated with their drug use. It is best to ask about the positives first. This can be quite disarming, as it is the opposite of the expected haranguing about ‘you shouldn’t be doing this it’s so bad for you’. It can also help the drug user to feel understood, and it can assist both the questioner and the drug user to gain an appreciation of the factors that maintain the drug use. Having explained the positives, the drug user is more likely to feel comfortable about discussing the negatives, and about being honest about how they feel about their drug use. Essentially, this technique assists drug users to think through the issues, to talk about them comfortably and openly, and to come to their own conclusions as to whether continued use is worth it. It allows users to be honest if their intentions are to continue using, which means there is an avenue for the consideration of how they can use as safely as possible. Such issues as who with, when, where, and how much under what circumstances can be discussed, and the general sorts of information about how to avoid drug-related harm can be provided.

Harm reduction information can be delivered in a number of ways, both verbal and written, and the greater the range of delivery mechanisms, the better the chances of it reaching the students who need it. For example it can be delivered in counselling sessions, informally when interacting with students, via written information provided in waiting areas and in other communal areas, it can be provided along with other health information, through the pharmacy, on pin up boards, in student newspapers and magazines, via talks for students from other users and drug experts, via alerting students to the existence of various drug websites, and by referring users to a local user group or
drug information service. Drug users themselves should also be encouraged to pass on drug-related knowledge and harm reduction tips to others who are using.

Drug injectors, who are a minority amongst all drug users, need to know how to access clean injecting equipment and how to dispose of it safely. University pharmacies, as well as most community pharmacies sell needles and syringes. There are also various needle exchanges in existence in most cities. Safe disposal includes placing them in rigid containers with child proof lids in the bin, or returning them to a needle exchange, or depositing them in disposal bins. Ideally, university campuses should have a needle disposal bin in at least one toilet in each toilet block.

It is also important to consider to whom you provide harm reduction information. It is not only those using or contemplating using drugs who need drug-related information. Those who have friends or family who use drugs also need such information so they can better understand what is happening, and also so they can assist the drug users to avoid harm.

Finally, it must be acknowledged that drug using students, whether the drug be legal like alcohol or illegal like cannabis, amphetamines, ecstasy or heroin, can present ethical and practical dilemmas for universities. Disruption in university colleges and classrooms, assignments not getting done, obnoxious behaviour to staff and students, police involvement because of illegal drug-related activities, are not easy issues to manage. If at all possible, however, far less harm will be done if drug using students can be kept included in university life. Once students are excluded for their drug use, there is less holding them back from becoming further involved in drugs. However, some students will acknowledge the need to bring their drug use under control before continuing. These students should be granted deferments and be provided with assistance to return to university when they are ready.

References


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