

Listen to Young People: How to Implement Harm Reduction in the Collegiate Setting

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in partnership with
Students for Sensible Drug Policy
and the William G. Nash Foundation



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About the Author



Nina Christie, PhD

Dr. Nina Christie's research evaluates the intersection of substance use, social connections, and drug policy. Her passion for doing impactful research is evident in her publications ranging on topics from polysubstance use among youth experiencing homelessness, to investigations on the moral foundations involved in the public's perception of needle exchanges.

She began working with Students for Sensible Drug Policy in 2021 with a focus on harm reduction in the collegiate population. Her project sought to understand the role of the Drug Free Schools and Communities Act (DFSCA), in decision-making about drug policies at institutes of higher education. Dr. Christie created this document to provide easy access to empirical evidence on the safety and efficacy of a diverse set of harm reduction programs and policies that have been implemented across the United States.

We encourage students, educators, and administrators to use this document to inform drug policies and programs on their own campuses.

About SSDP

Students for Sensible Drug Policy (SSDP) is the largest youth-led network dedicated to ending the War on Drugs in the United States. Founded in 1998, SSDP is comprised of thousands of members in hundreds of communities around the globe. At its heart, SSDP is a grassroots organization, led by a Board of Directors primarily elected by and from our student and youth members. We bring young people of all political and ideological orientations together to have honest conversations about drugs and drug policy. For more information how to start your own chapter of SSDP please visit ssdp.org



SSDP student leaders rally for sensible drug policies at the White House

About the William G. Nash Foundation

Kristin and her family started the William G. Nash Foundation, a 501(c)(3), to honor Will's life and legacy, including work to promote harm reduction practices on the college campus. Through original research, grantmaking, education and advocacy, the foundation works to identify evidence-based programs that improve student wellness and reduce harms related to alcohol and other drugs, and to facilitate broad implementation in the campus setting. To learn more, visit www.williamgnash.org



Kristin Nash

About the Drug Free Schools and Communities Act

We have created this document to provide institutes of higher education with the evidence-based information they need to make better policy and program choices to protect the health and well-being of students.

Our goal with this report is to reduce the number of preventable overdose deaths, and other fatalities and harms, related to the use of alcohol and other drugs by young people on college campuses. We aim to achieve this by promoting the increased adoption of life-saving programs and interventions that are currently available to collegiate communities nationwide.

We present this document after an analysis of the Drug Free Schools and Communities Act (DFS-

CA), which governs substance use reporting, policy, and programming at all universities and colleges in the United States. Our report highlights an array of harm reduction programs, many of which have been in place at several institutes of higher education for years, and some of which are more recent and less widely adopted.

The DFSCA is federal legislation that requires institutes of higher education (IHEs) to have policies addressing substance use on their campuses. Enacted in 1986, the DFSCA was originally intended to enforce drug laws. Amendments in 1989 increased program requirements: “[*Institutions of higher education*] receiving federal funds or financial assistance must develop and implement a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.” This included two primary prescriptive components: 1) IHEs must provide all students, faculty, and employees with an annual notification of the alcohol and drug policies on campus, and 2) IHEs must produce a biennial report on the efficacy of their alcohol and drug programs and policies, as well as prevalence data on violations and penalties.

Many things have changed since the 1989 amendments – the War on Drugs has proven to be a massive failure: drug use has increased, drug potency has increased, and fatalities have reached truly unfathomable numbers. More than 1,500 college students in the United States die from an alcohol-related incident per year (NIAAA), and 40% of students have had an encounter with overdose, whether it was witnessing one, experiencing one, or intervening in one.

Additionally, we have a new approach to substance use that cares for people who use drugs, rather than criminalizing them. This approach – harm reduction – is supported by science, community leaders, politicians, and government and non-governmental organizations, including the National Institute for Alcohol Abuse and Alcoholism (NIAAA), the National Institute

on Drug Abuse (NIDA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the World Health Organization.

More recently, the DFSCA has been presented by the Department of Education as an opportunity to increase student wellbeing, encouraging substance use prevention, education and safety supports. In an effort to leverage the DFSCA as a means to achieve safer, healthier campuses, in 2006, the Department funded a handbook for administrators to use when making campus decisions in accordance with the legislation. In this handbook, the 1990’s drug-war language all but disappeared, and administrators were instructed that “Comply[ing] with the spirit, and not just the letter, of the law [to] provide[s] significant benefits for the school and its students”

The updated handbook presented the DFSCA not as an anti-drug crime policy, but instead as substance use intervention policy by “recognizing the serious effects of [alcohol and other drug] abuse on the academic performance and, more generally, on the well-being of students.” The 2006 handbook remains the primary source of guidance for administrators today.

Compliance with the DFSCA still requires institutions to adopt policies that prevent unlawful possession, use or distribution of alcohol and other drugs. It still requires both annual notification and a biennial report. However, programming requirements are not prescribed by the government, giving colleges broad latitude to determine the approach and content of the programs they implement to support student safety and wellbeing.

In other words, it is possible to comply with the letter of the DFSCA and the spirit; it is possible for an IHE to both uphold current laws related to alcohol and other drug use AND implement a harm reduction-based framework on campus to meet students

where they are, reduce harms related to substance use, and improve well-being. Further, to date, no college or university has experienced sanctions for implementing harm reduction programs or policies related to alcohol and other drugs.

The U.S. Department of Education has now recognized that complying with the DFSCA presents an opportunity to invest in prevention efforts to reduce chaotic or harmful substance use.

We invite all university administrators to join us in this opportunity to make our campuses safer and more supportive communities by adopting a harm reduction approach.

Specific questions about compliance with the DFSCA can be directed to Jim Moore at the US Department of Education: James.Moore@ed.gov

“Overdose deaths among teens nearly doubled from 2019 to 2020, and have continued to increase.”

“40% of students have had an encounter with overdose, whether it was witnessing one, experiencing one, or intervening in one.”



In October 1986, President Reagan signed into law the Drug-Free Schools and Communities Act of 1986, which made funds available to establish, implement, and expand drug abuse education, prevention, and rehabilitation referral for colleges and university students.



On October 23rd 2022, SSDP student activists held a protest at the White House for more sensible drug policies.

Harm Reduction Education

Harm Reduction Education is a broad term that encompasses any educational platform or program that aims to educate people about substance use using a harm-reduction approach. Here, we highlight three harm reduction education programs that have shown promise among students.

The “Just Say Know” program for high school students (*not affiliated with SSDP’s Just Say Know program*) is an interactive, hour-long session that covers the effects of substances and some basic neuroscience.

This program was piloted in high school students and presented the following results¹:

- 96% of students think the program provides helpful information
- 92% said it would influence their “approach to substance use”
- 76% said they would delay or reduce their substance use

Protective behavioral strategies are behaviors like alternating alcoholic drinks with water, going out with trusted friends, or planning transportation needs in advance. The use of Protective Behavioral Strategies is associated with reduced risk of negative consequences associated with substance use. These strategies can be taught to students to reduce the risk of blackouts, sexual violence, and risky behaviors.²

Event-Specific prevention strategies can reduce the harms associated with specific high-risk drug use events (e.g., 21st birthday, homecoming, spring break, graduation). Universities can implement interventions to minimize the harms associated with these high-risk events.³ A meta-analysis found

that these interventions do not reduce the overall quantity of alcohol consumed in birthday celebrations, however, they are associated with a reduction in overall blood alcohol content among those who received a brief birthday-focused harm reduction intervention (e.g., an e-card explaining the harms of excessive alcohol use).^{4,5}

One novel tool that is currently being evaluated for efficacy in reducing harms associated with substance use is an app built on a behavioral change framework. This student centered app may be an acceptable and effective

intervention tool for harm reduction in the collegiate setting.⁶

There are several different approaches to teaching harm reduction education to college students, each with unique strengths and applications. Universities should look to adopt such programs to decrease the risks associated with substance use among their student populations.



SSDP’s “Just Say Know” Peer Education program seeks to empower students in our network to analyze the relationship between drug policy and drug use by providing evidence-based drug information, teaching students to recognize and address dangerous behaviors and unhealthy attitudes, and promoting prosocial and harm reduction oriented behaviors and attitudes. more info at: <https://ssdp.org/our-work/just-say-know/>

1 Meredith et al., 2021
2 Lewis et al., 2012
3 Neighbors et al., 2007

4 Steinka-Fry et al., 2015
5 Dick et al., 2020
6 Pedersen et al., 2022

Peer-to-Peer Programs

Peer-to-Peer Programs in the collegiate setting are student-led or student-staffed programs in which the person delivering the program/intervention is a student, and the person receiving the program information or intervention is also a student. These models are one of the six core tenets of harm reduction in the collegiate setting.⁷

Educational Programs: Voice of Reason is an example of a peer-to-peer program that is focused on students in Greek Life organizations who are at high risk for problematic alcohol use. The program led to⁸:

- Increases in awareness of medical amnesty laws, alcohol knowledge, awareness and intended use of “protective behavioral strategies” (these are things like alternating water between drinks, only accepting closed alcohol containers from people you know or trust, etc.)
- Decreases in number of drinks consumed in a typical day, decreases in drinking and driving, decreases in riding in a car with a drunk driver

Non-substance related Peer-to-Peer programs have empirical support for altering non-drug related behaviors and health. Thrive With Me (TWM) is an online peer-to-peer program which was designed to increase anti-retroviral therapy adherence among HIV-positive college-attending men who have sex with men. This program was effective in improving the consistent use of the medication, and showed even greater impacts for those who also currently use drugs.⁹

Another peer-to-peer program trains students to Question, Persuade, Refer (QPR) their peers who may be at risk for suicide. It is an in-person workshop designed to educate students on suicidal behaviors and how to intervene if their peers are in distress. This study found that a single workshop was effective

7 Castro & Foy, 2010
8 Abadi et al., 2020
9 Horvath et al., 2013

in increasing knowledge of

- 1) signs of suicidal ideation
- 2) campus mental health resources
- 3) how to intervene if you think someone may be at risk of suicide

This paper explicitly mentions racial equity as a positive outcome. Over 70% of the students who attended the workshop were students of color, who are historically less likely to access professional

mental health services. The authors argue that a peer-based approach can reduce the inequities in access to mental healthcare.¹⁰

The SPAD - or the Suicide Prevention Awareness for Depression is an online intervention delivered to African American college students. This platform was effective in improving attitudes about depression as a disease, how to manage depression, and other behavioral factors. However, peer educators were not “completely effective” in transferring these changes to their fellow peers. This intervention (like the one above) was designed to reduce racial inequities in mental health care and was successful in recruiting and training peer educators and influencing their behaviors and beliefs.¹¹

Peer-to-peer programs have been implemented at different universities to address different health concerns among the college-aged populations.

There is sufficient evidence that behavior change is possible through a peer-to-peer model. There is currently limited evidence for these models in the substance use space; we expect empirical support to build for such programs as more of them are implemented across the country.

10 Tsong et al., 2018
11 Bridges et al., 2018

Brief Interventions

Brief Interventions are typically designed to be a starting point for mental health treatment, or for reducing risky behaviors such as substance use and unsafe sex practices. These interventions often begin with an assessment, and those who need more intensive care are referred to longer term therapies or interventions.

In general, brief interventions are highly effective harm-reduction tools. These interventions traditionally aim to reduce risky substance use and are explicitly non-abstinence based, meaning that they are

likely to influence a larger number of students

who engage in substance use behaviors, but who may not meet criteria for a substance use disorder. Many of these interventions are based on the BASICS model– the Brief Alcohol Screening and Intervention for College Students (BASICS).

BASICS is a harm reduction approach developed in the 90's that has served as the foundation for many brief alcohol-based interventions.^{12,13}

The BASICS program uses Brief Motivational Interviewing techniques to promote change in alcohol consumption behaviors among college students.

The program was designed to be administered to college freshman in two sessions that take place three weeks apart. The program resulted in decreases in the number of drinks consumed, reduction in number of hours spent drinking, and a reduction in the experience of negative consequences associated with drinking.

A second type of brief intervention is Mandated Brief Intervention. Mandated Brief Interventions are when students are mandated to receive a brief intervention after being caught for a campus

12 Dimeff, 1999

13 Kazemi et al., 2011

violation¹⁴, such as under age drinking. These types of interventions lead to reductions in blood alcohol content on drinking days, reductions in number of drinks consumed weekly, and reductions in the frequency of alcohol use.

Sometimes, brief interventions are targeted at specific, high risk populations. For example, a brief intervention for heavy-drinking college students reported several risk reductions (compared to a control group of students who drink, but who were not enrolled in the intervention). Students in the brief intervention

were more likely to improve (with respect to reductions in drinking quantity, reduction in

negative consequences related to alcohol use) and were less likely to worsen (regarding the same variables) than those who received no intervention. This is a longitudinal study with a 4-year follow-up; the brief interventions have had a lasting positive impact on substance use behaviors.

Brief Interventions show promise in reducing alcohol use behaviors among college students, both in the weeks/months following the intervention, and even years later. These programs are a good fit for the collegiate environment because they are not as resource intensive as others, and they produce reductions in risky alcohol use, without requiring students to remain entirely abstinent from substances.

14 Morgan et al., 2015

Amnesty Policies

Medical Amnesty Policies protect individuals from criminal charges (resulting from illegal activities, such as using prohibited substances on campus, using alcohol underage, etc.) in the event of a medical emergency. Early work using cohort studies^{15,16} found that after the implementation of a Medical Amnesty Policy, there were:

- No increases in overall alcohol consumption, drinking episodes, or physiological consequences
- Increases in number of students who contacted a residential advisor in the event of an emergency (this is a positive outcome, means more students are seeking help in an emergency)
- Increases in the number of students who have a positive perception of the campus climate
- Decreases in the number of adverse events experienced by college freshman post-implementation of the Medical Amnesty/Good Samaritan policy

More recent work has looked at student perceptions of these policies and found that students of color – specifically Black students – report feeling concerns about their safety in the presence of police officers/ first responders even with the Medical Amnesty Policy in place.

More work is needed focused on equity

related to the creation, utilization, and implementation of such policies.¹⁷

Campuses also need to do a better job of communicating the existence and meaning of such policies:

- 25% of students report that they are unsure whether or not their school has a Medical Amnesty Policy – even though 67% of the students in the study were at an institution that did have one
- Students who said they did not know about a policy at their school were more likely to report a fear of serious negative consequences if they called

15 Haas et al., 2018

16 Martinez et al., 2017

17 Carroll et al., 2020

for help in a medical emergency where alcohol and other drugs were involved¹⁸

When students are shown educational videos online that explain the institution's amnesty policy, those students are more likely to report that they would seek help in a medical emergency that involved alcohol or other drugs than students who did not see the video.¹⁹

Amnesty policies are also important in the context of sexual violence, which is highly prevalent on college campuses: research estimates that between 25 – 35 % of women will experience some form of sexual violence during their collegiate careers.²⁰

Reporting of sexual violence is notoriously low, and the presence of illicit substances and/or illicit (underage) alcohol use contributes to the low reporting rates. Universities with Substance Use Amnesty policies have higher rates of students who report sexual violence.²¹

Only 15% of universities in 2015 had a specific amnesty policy for victims of sexual violence, however, almost 66% have a forum for anonymous or confidential

reporting for victims.²⁰ These policies may reduce the barriers (e.g., fear of facing disciplinary action for alcohol and other drug use) that students face when deciding to come forward with sexual violence allegations.

Amnesty policies lead to fewer drug-related harms, and a higher likelihood that students will seek help for a medical emergency or sexual assault.

18 Weaver et al., 2020

19 Oster-Aaland et al., 2011

20, Richards, 2019

21 Ellyson et al., 2022

“Students in the brief intervention were more likely to improve in regard to ‘reductions in drinking quantity’ and ‘reductions in negative consequences related to alcohol use.’”

“25% of students report that they are unsure whether or not their school has a Medical Amnesty Policy – even though 67% of the students in the study were at an institution that did have one.”

Safe Ride Programs

Safe Ride Programs are a popular choice among campus administration. In general, these programs have been shown to produce reductions in one or more of the following outcomes:

- impaired driving
- impaired driving crashes
- driving under the influence (DUI) arrests
- traffic crashes in general

These programs produce these outcomes, all without increasing alcohol consumption among students. Some people self-reported higher alcohol use, but this was not a significant finding.²²

One report says the programs saves over \$3 for every \$1 spent.²³

The most successful programs typically have some of these attributes²²:

- social acceptance
- high level of public awareness
- low cost
- year-round availability
- provide rides to and from drinking venues
- several sponsors that provide funding
- user convenience
- perceived safety

Literature review and synthesis point to clear findings – Safe Ride Programs reduce the harms associated with using drugs and driving, they do not increase the endorsement of high-risk drinking behavior, and they save money in the community.

Safe Ride Programs are effective in reducing substance-related injuries, and are cost-effective. Some educational institutions have university run programs such as the University of Connecticut's 2006 GUARD Dogs program, while others partner with a rideshare company such as LYFT or Uber to provide free to low cost rides at certain hours when safe rides would be most needed to prevent driving under the influence near campus.

²² Fell et al., 2020

²³ Gieck & Slagle, 2010



University of Arkansas' Associated Student Government created Safe Ride. Safe Ride is sponsored by Associated Student Government, operated by the Department of Parking & Transit, and funded by Student Activity Fees. Safe Ride City operates Wednesday through Saturday nights from 10:30 pm-3:00 am and provides service from anywhere in the Fayetteville city limits to your official residence.



GUARD Dogs (Giving UConn a Responsible Driver) was established in 2006 as a no-questions-asked transportation service for students to use on the weekend. As an alternative to driving under the influence or walking home at night, they provide safe, non-judgmental, and reliable rides home to undergraduate students, free of charge!

Drug Take-Backs

Drug Take-Back Programs are events in which people in the community (in this case, college students) can give back their prescription drugs - or in some cases, even their illicit substances - so that they can be properly and safely discarded.

Prescription drug take-back programs were established to minimize the risk of overdose, drug misuse, and environmental pollution (via flushing substances).²⁴

“The University of Hawai’i initiated a joint program in which 90% of the substances turned in were not controlled substances. But, among the 10% that were, the most common were prescription opioids.”

In 2010, these programs were given the legal authority to expand to also take back substances that are regulated by the Controlled Substances Act: people can give back unused, unwanted, or found controlled substances without facing criminal repercussions.²⁵

It is unclear if these programs have a wide or far-reaching environmental impact in the community (i.e., not a university/collegiate setting) as the controlled medications disposed of through these types of programs only amount to an estimated 0.3% of the substances that are dispensed.²⁶

The University of Hawai’i initiated a joint program in which 90% of the substances turned in were not controlled substances. But, among the 10% that were, the most common were prescription opioids. Reducing the availability of unused prescription medications with abuse potential is a critical harm reduction tool. In this article (as well as other community articles), authors propose a highly cost-effective and scalable method for collecting controlled substances: utilize a drop-box for people to anonymously turn in their unused substances in an safe, accessible location.²⁷ Similar rates (about 10% of drugs were controlled medications) were reported in Maine, and the authors called for education to the public on the use of such

²⁴ Fass, 2011

²⁵ Stoddard & Huggett, 2012

²⁶ Egan et al., 2016

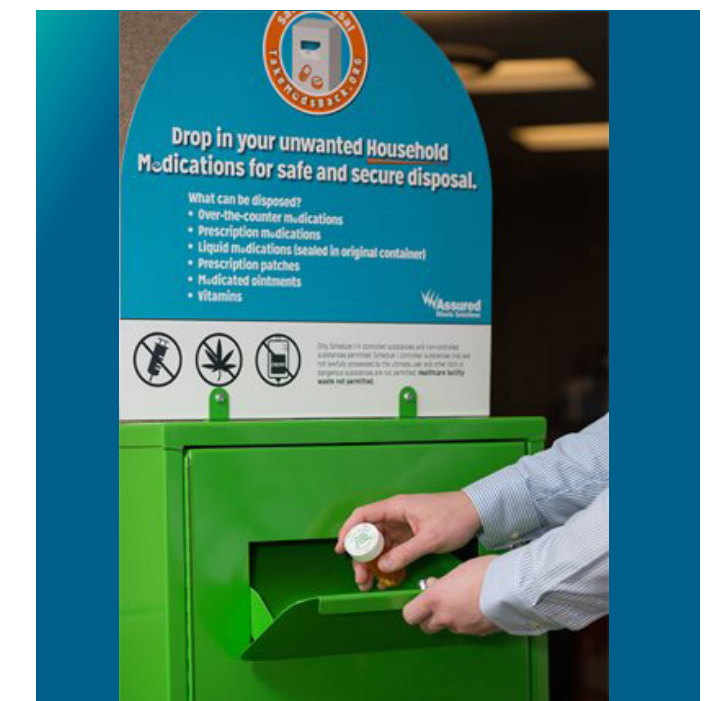
²⁷ Ma et al., 2014

programs.²⁸

There is insufficient evidence to point to the efficacy of drug take-back programs to reduce fatal overdoses on college campuses specifically. However, prior evidence shows that they are associated with positive outcomes – primarily the reduction of leftover/unused potentially harmful substances in

the community. These programs have a high potential for use on college campuses, where students can

anonymously and safely dispose of drugs without fearing consequences related to their possession of the substance in the first place.



The Take Meds Seriously program was developed by the Colorado Department of Public Health and Environment and the Colorado Consortium for Prescription Drug Abuse Prevention. There are over 40 permanent household medication take-back locations in the state.

²⁸ Stewart et al., 2015

Sober Living Programs

Sober Living Programs are designated living spaces (e.g., dormitories or other student housing) that are fully substance-free. Most are designed to accommodate students who are in recovery from substance use disorders to facilitate building a community of peers who are sober. Most programs incorporate therapy and other mental health services into the housing structure.

Researchers have evaluated the practical environmental and structural elements that support or hinder

the success of private sober living homes in the community. These kinds of facilities are a critical component of the recovery experience for people who have a problem with their substance use and aim to be “sober” – or abstain from the use of psychoactive drugs (including alcohol). The research focuses on the following elements:

- How the sober living environment facilitates early sobriety
- The financial structure of rental properties turned mental-health facilities
- Being open with the community in which they are operating to reduce NIMBY-ism
- Using environmental patterns to develop precise questions for future research²⁹

College campuses have adapted these principles to open sober living dorms for their student populations.

There are different collegiate models for recovery services that range from peer-based counseling, to mental health services and medication management, to recovery housing (i.e., sober living programs on campus).

Many universities have implemented this recovery service into their living arrangements, either independently or through an organization like The

29 Wittman et al., 2014

Haven. For example, Rutgers University and Augsburg College were among the first to develop sober living dorms for students in recovery.²⁹

To date, there are dozens of institutions of higher education that have joined in to create a living environment to support students in recovery from a substance use disorder. Qualitative researchers have talked to students in these programs to identify what makes them work. Students say things like “It has

made college possible for me,” as many report that without such

services, they likely would have dropped out of school and/or relapsed.³⁰

The impact of these programs is difficult to systematically evaluate as there are a diverse number of recovery-oriented resources offered to students across the United States. Recently, researchers have developed a more systematic evaluation tool to measure the outcomes of interest for these populations – the method includes using a recovery capital-oriented theory.³¹ We hope that new research will use this more integrated framework to assess the efficacy of these programs.

In all, there is preliminary evidence that these programs can provide a supportive living environment for students who wish to belong to a community of peers who do not engage in any substance use. They are becoming more popular on college campuses, and researchers are developing tools to effectively measure the impact of sober living in the college residential life settings.

30 Bell et al., 2010
31 Hennessy et al., 2022

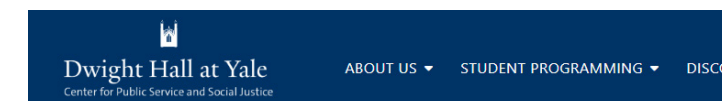
Naloxone Training

Naloxone training is a harm reduction tool that teaches people how to administer naloxone (an opioid overdose-reversal drug) in the event of an opioid overdose.

These trainings are relatively new in the university setting, yet they already show promise in regards to reducing overdose risk, increasing knowledge about opioids and overdose risk, and reducing stigma.

A 30-minute naloxone training resulted in increased knowledge of opioid overdose, and improved opioid overdose attitudes³² (i.e., stigma reduction).

One study evaluated a model that uses a large-group audience format followed by small-group practice sessions using student-pharmacists as the peer-trainers. Participants reported improvements in knowledge and attitudes surrounding opioid overdose.



Students for Sensible Drug Policy Host Narcan Training



On November 7th, 2022, the Yale chapter of Students for Sensible Drug Policy (SSDP), a Dwight Hall member group, hosted a training session on the use of naloxone. Naloxone (often called Narcan) is a drug, administered through nasal spray or injection, that is used to aid individuals overdosing on opioids. According to Yale SSDP President Amanda Ivatorov

32 Doughty et al., 2020

All trained students received an intranasal naloxone overdose reversal kit. Among those who attended the primary large-group training, 42% reported personally knowing someone who uses opioids to get high – indicating that this intervention has the potential to save lives³³.

In yet another university administered naloxone education and training intervention, students reported increased knowledge and reduced stigma towards opioid overdose.³⁴

“A 30-minute naloxone training resulted in increased knowledge of opioid overdose, and improved opioid overdose attitudes (i.e., stigma reduction).”

Training students how to administer naloxone (and

giving naloxone to students who are trained) will dramatically reduce the risk of fatal overdose among students. A second benefit to these programs is the stigma reduction among students who are trained in how to reverse an opioid overdose. These programs are relatively low-cost, and are often developed in conjunction with the medical campus if a university has one.

UW Students Hope To Popularize Harm Reduction On Their Campus

November 22, 2022



Hall Health Center is located on the eastern end of the University of Washington campus and provides comprehensive care to the student body. Fentanyl test kits provided by the UW SSDP are available here for students, staff and faculty Monday through Friday. Photo/Em Helena.

33 Panther et al., 2017
34 Thode, 2021

Harm Reduction in Action

Many universities across the nation already are engaged in harm reduction programming to improve the health and wellbeing of their collegiate communities. Each program listed in this handbook is already in place in the collegiate setting. These are examples of programs that you can emulate at your Institute of Higher Learning (IHE) to meet the specific needs of your student body.

Please note that this is by no means an exhaustive list, and we encourage students, faculty, administrators, and health centers to work together to create a safe and healthy campus environment for all.



Northwestern University

Northwestern University has an entire section of their alcohol and drug resources [dedicated specifically to harm reduction](#). Northwestern provides links to several resources (including government resources like SAMHSA, alongside well-respected organizations such as harmreduction.org) for students that focus on defining harm reduction, understanding the varying levels of risk associated with substance use, as well as the relationship between substance use and mental health for young adults.

Beyond external resources, Northwestern also highlights their [Amnesty Through Responsible Action Program](#); students will not be subject to disciplinary sanctions when calling for help in the case of a substance related emergency. The university highlights that students in this situation should act responsibly by following three steps: Call. Stay. Cooperate.

Northwestern also includes safer consumption guidelines for students, highlighting the subjective experiences people may have when using common drugs such as [alcohol](#) or [cannabis](#). In these guidelines, students can [calculate their projected blood alcohol content](#) based on personal characteristics and how much they drink in a given period of time.

This kind of personalized and straightforward education can help students make more educated decisions related to alcohol or other drug use.

University of Southern California

The University of Southern California (USC) has had several of the harm reduction programs and policies listed in this handbook in use for years.

Students have had access to free rides for over five years via the [USC Lyft Rides Program](#) within a specific radius of campus every day between 6pm – 2am.

Students are made aware of the [Amnesty Program](#) which ensures that those reaching out for help in an emergency situation will not be subject to disciplinary action related to their substance use.

The USC community [mourned the loss of four students](#) in three weeks in the Fall of 2019; all four students were lost from fatal drug overdoses. In response to this – alongside the increasing rates of overdose nationally – USC administrators and students enacted several harm reduction measures.

USC pharmacy students came together to increase the availability of naloxone through USC's [NaloxoneSC Program](#). This program was developed by graduate students, with support from faculty and in

collaboration with the USC Student Health Center.

Funding for the program came from the California Department of Health Care Services Naloxone Distribution Project. Through this program, any and all USC students (undergrad, grad, etc.) are able to sign up for a free naloxone training and receive a free naloxone kit upon completion of the program.

USC students came together to create TACO - [Team Awareness Combating Overdose](#), which is a non-profit organization focused on harm reduction education, increased access to Naloxone, and access to drug checking services to reduce the risk of overdose.

Relatedly, several universities across the United States partner with [The Haven at College](#) including Tufts University and the University of Southern California to provide a sober living facility for students in recovery, as well as outpatient services for students to access in groups of peers.

Stanford University

Stanford University has several harm reduction programs available to students, including on-campus [sober living dorms](#) for students who are in recovery from a substance use disorder to live in a community of peers. The Office of Substance Use Programs Education and Resources ([SUPER](#)), which includes its own safe ride program – 5-SURE that gives students free rides every day between 5pm – 2:00 am.

UCLA

UCLA offers many of the recommended harm reduction programs to its students, including [Bruins for Recovery](#) (a student-led organization dedicated to supporting students in recovery), [UCLA Safe Ride Program](#) which offers free safe rides for students, the [End Overdose at UCLA Program](#) (End Overdose also has chapters at the University of Alabama and the University of Washington), which distributes fentanyl test strips and trains students on how to check drugs for adulterants.

There are also student-led organizations that are advocating for change outside of the university setting. For example, at The Ohio State University, students created the [Buckeyes for Harm Reduction](#) group to advocate for harm reduction at the local, state, and national level.

As previously indicated, the above examples are just an indicator of the kind of work that has been done at Institutes of Higher Education – it is not an exhaustive list. We hope that these can serve as inspiration for you and your community to come together to reduce the harms associated with substance use. Our goal is to create a safer and healthier collegiate environment for all students, and we are going to need your help.



How Can You Get Started?

If you are looking for a first step, harm reduction education (see page 6 of this booklet) is a low-cost, effective way to start making a positive impact at your school.

Start by identifying the trends at your IHE. One important way to get actionable feedback is to listen to the voices of students on your campus. Students have direct experience with current trends and want to keep their friends safe and healthy and can provide honest feedback about the efficacy of current campus programs.

It may also be useful to consult the biannual report on student substance use on your campus. Any statistics you can reference will be useful for you as you begin to think about how you can best mitigate harms among your community and your student body.



When you are ready to get started, we suggest that you and your team ask questions like:

- **What drugs are students consuming?**
- **Are there specific drugs or drug combinations that are highly prevalent in your community?**
- **Where and when are students experiencing avoidable harm?**
- **Which programs highlighted in this booklet would have the biggest impact among our student body?**
- **How can we fund it? Who do we need support from?**
- **How can we implement one of these programs this semester?**

References

1. Meredith LR, Maralit AM, Thomas SE, et al. Piloting of the Just Say Know prevention program: a psychoeducational approach to translating the neuroscience of addiction to youth. *The American journal of drug and alcohol abuse*. 2021;47(1):1-10. doi:10.1080/00952990.2020.1770777
2. Lewis MA, Patrick ME, Lee CM, Kaysen DL, Mittman A, Neighbors C. Use of protective behavioral strategies and their association to 21st birthday alcohol consumption and related negative consequences: A between- and within-person evaluation. *Psychology of Addictive Behaviors*. 2012;26(2):179-186. doi:10.1037/A0023797
3. Neighbors C, Walters ST, Lee CM, et al. Event-specific prevention: Addressing college student drinking during known windows of risk. *Addictive Behaviors*. 2007;32(11):2667-2680. doi:10.1016/J.ADDBEH.2007.05.010
4. Steinka-Fry KT, Tanner-Smith EE, Grant S. Effects of 21st birthday brief interventions on college student celebratory drinking: A systematic review and meta-analysis. *Addictive Behaviors*. 2015;50:13-21. doi:10.1016/J.ADDBEH.2015.06.001
5. Dick S, Vasiliou VS, Davoren MP, et al. A Digital Substance-Use Harm Reduction Intervention for Students in Higher Education (MyUSE): Protocol for Project Development. *JMIR Res Protoc* 2020;9(8):e17829 <https://www.researchprotocols.org/2020/8/e17829>. 2020;9(8):e17829. doi:10.2196/17829
6. Pedersen ER, Hummer JF, Davis JP, et al. A mobile-based pregame drinking prevention intervention for college students: study protocol for a randomized controlled trial. *Addict Sci Clin Pract*. 2022;17:31. doi:10.1186/s13722-022-00314-5
7. Castro RJ, Foy BD. Harm Reduction: A Promising Approach for College Health. Published online 2010. doi:10.1080/07448480209596335
8. Abadi MH, Shamblen SR, Thompson KT, Richard BO, Parrino H, Hall MT. Peer-Led Training to Reduce Alcohol Misuse and Related Harm among Greek-Affiliated Students. <https://doi.org/10.1080/1082608420201811342>. 2020;55(14):2321-2331. doi:10.1080/10826084.2020.1811342
9. Horvath KJ, Michael Oakes J, Simon Rosser BR, et al. Feasibility, acceptability and preliminary efficacy of an online peer-to-peer social support ART adherence intervention. *AIDS and Behavior*. 2013;17(6):2031-2044. doi:10.1007/S10461-013-0469-1/TABLES/4
10. Tsong Y, Young JT, Killer JD, Takemoto MA, Compliment B. Suicide Prevention Program on a Diverse College Campus: Examining the Effectiveness of a Peer-to-Peer Model. <https://doi.org/10.1080/8756822520181434716>. 2018;33(2):131-144. doi:10.1080/87568225.2018.1434716
11. Bridges LS, Sharma M, Lee JHS, Bennett R, Buxbaum SG, Reese-Smith J. Using the PRECEDE-PROCEED model for an online peer-to-peer suicide prevention and awareness for depression (SPAD) intervention among African American college students: experimental study. *Health Promotion Perspectives*. 2018;8(1):15. doi:10.15171/HPP.2018.02
12. Dimeff LA, ed. *Brief Alcohol Screening and Intervention for College Students (BASICS): A Harm Reduction Approach*. Guilford Press; 1999. Accessed June 28, 2022. <https://books.google.com/books?hl=en&lr=&id=61eRtNQc-GUAC&oi=fnd&pg=PA1&dq=brief+interventions+harm+reduction+college&ots=GJHS8a275V&sig=whF54Ta8QFH-twyPfs0djfbr9JJI#v=onepage&q=brief+interventions+harm+reduction+college&f=false>
13. Kazemi DM, Sun L, Nies MA, Dmochowski J, Walford SM. Alcohol screening and brief interventions for college freshmen: A harm reduction approach. *Journal of Psychosocial Nursing and Mental Health Services*. 2011;49(1):35-42. doi:10.3928/02793695-20101201-02
14. Morgan TJ, White HR, Mun EY. Changes in Drinking Before a Mandated Brief Intervention With College Students. <http://dx.doi.org/10.15288/jsad200869286>. 2015;69(2):286-290. doi:10.15288/JSAD.2008.69.286
15. Haas AL, Wickham RE, McKenna K, Morimoto E, Brown LM. Evaluating the Effectiveness of a Medical Amnesty Policy Change on College Students' Alcohol Consumption, Physiological Consequences, and Helping Behaviors. <https://doi.org/10.15288/jsad201879523>. 2018;79(4):523-531. doi:10.15288/JSAD.2018.79.523
16. Martinez JA, Johnson DN, Jones JA. Beyond punishment: the impacts of medical amnesty in a U.S. Residential college context. <https://doi.org/10.1080/0968763720161272099>. 2017;25(3):248-253. doi:10.1080/09687637.2016.1272099
17. Carroll JJ, Mullins C, Burnham-Lemaire G, et al. Student Perceptions of a University Medical Amnesty Policy Are Impacted by Race and Racism: A Qualitative Study. <https://doi.org/10.1080/1082608420201846199>. 2020;56(2):185-191. doi:10.1080/10826084.2020.1846199

18. Weaver GLM, Kroshus E, Milroy J, Wyrick D. Student awareness of campus medical amnesty policies. <https://doi.org/10.1080/0744848120201767112>. 2020;70(3):810-817. doi:10.1080/07448481.2020.1767112
19. Oster-Aaland L, Thompson K, Eighmy M. The Impact of an Online Educational Video and a Medical Amnesty Policy on College Students' Intentions to Seek Help in the Presence of Alcohol Poisoning Symptoms. *Journal of Student Affairs Research and Practice*. 2011;48(2):141-158. doi:10.2202/1949-6605.6305
20. Richards TN. An Updated Review of Institutions of Higher Education's Responses to Sexual Assault: Results From a Nationally Representative Sample. *Journal of Interpersonal Violence*. 2019;34(10):1983-2012. doi:10.1177/0886260516658757
21. Ellyson AM, Ortega A, Bedard-Gilligan MA. Institution of Higher Education Substance Use Amnesty Policies and Sexual Violence Reporting: <https://doi.org/10.1177/08862605221080156>. 2022;2022(0):1-25. doi:10.1177/08862605221080156
22. Fell JC, Scolese J, Achoki T, Burks C, Goldberg A, DeJong W. The effectiveness of alternative transportation programs in reducing impaired driving: A literature review and synthesis. *Journal of Safety Research*. 2020;75:128-139. doi:10.1016/J.JSR.2020.09.001
23. Gieck D, Slagle D. Examination of a university-affiliated safe ride program. *Journal of Alcohol and Drug Education*. 2010;54(1):37-55.
24. Fass JA. Prescription drug take-back programs. *American Journal of Health-System Pharmacy*. 2011;68(7):567-570. doi:10.2146/AJHP100559
25. Stoddard KI, Huggett DB. Pharmaceutical Take Back Programs. Published online 2012:257-285. doi:10.1007/978-1-4614-3473-3_10
26. Egan KL, Gregory E, Sparks M, Wolfson M. From dispensed to disposed: evaluating the effectiveness of disposal programs through a comparison with prescription drug monitoring program data. <http://dx.doi.org/10.1080/0095299020161240801>. 2016;43(1):69-77. doi:10.1080/00952990.2016.1240801
27. Ma CS, Batz F, Juarez DT, Ladao LC. Drug Take Back in Hawai'i: Partnership Between the University of Hawai'i Hilo College of Pharmacy and the Narcotics Enforcement Division. *Hawai'i Journal of Medicine & Public Health*. 2014;73(1):26.
28. Stewart H, Malinowski A, Ochs L, Jaramillo J, McCall K, Sullivan M. Inside Maine's Medicine Cabinet: Findings From the Drug Enforcement Administration's Medication Take-Back Events. *American journal of public health*. 2015;105(1):e65-e71. doi:10.2105/AJPH.2014.302207
29. Wittman FD, Jee B, Polcin DL, Henderson D. The Setting is the Service: How the Architecture of Sober Living Residences Supports Community Based Recovery. *International journal of self help & self care*. 2014;8(2):189. doi:10.2190/SH.8.2.D
30. Bell N, Kanitkar K, Kerksiek K, et al. "It Has Made College Possible for Me": Feedback on the Impact of a University-Based Center for Students in Recovery. <http://dx.doi.org/10.3200/JACH576650-658>. 2010;57(6):650-658. doi:10.3200/JACH.57.6.650-658
31. Hennessy EA, Nichols LM, Brown TB, Tanner-Smith EE. Advancing the science of evaluating Collegiate Recovery Program processes and outcomes: A recovery capital perspective. *Evaluation and Program Planning*. 2022;91:102057. doi:10.1016/J.EVALPROGPLAN.2022.102057
32. Doughty B, Young S, Eglston W. Assessment of a comprehensive naloxone education program's impact on community member knowledge and attitudes on a college campus. *Journal of American College Health*. Published online 2020. doi:10.1080/07448481.2020.1807992/SUPPL_FILE/VACH_A_1807992_SM6185.DOCX
33. Panther SG, Bray BS, White JR. The implementation of a naloxone rescue program in university students. *Journal of the American Pharmacists Association*. 2017;57(2):S107-S112.e2. doi:10.1016/J.JAPH.2016.11.002
34. Thode M. Opioid Overdose Prevention and Naloxone Training Among College Students. DNP Scholarly Projects. Published online April 28, 2021. Accessed June 28, 2022. <https://repository.belmont.edu/dnpscholarlyprojects/61>



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