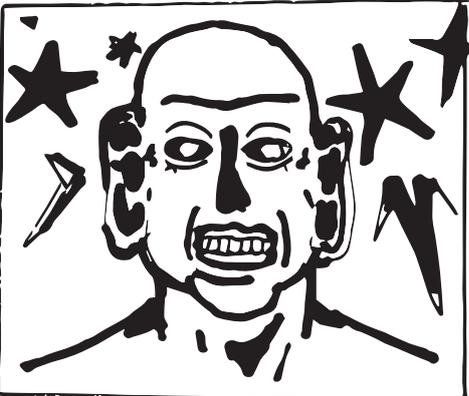
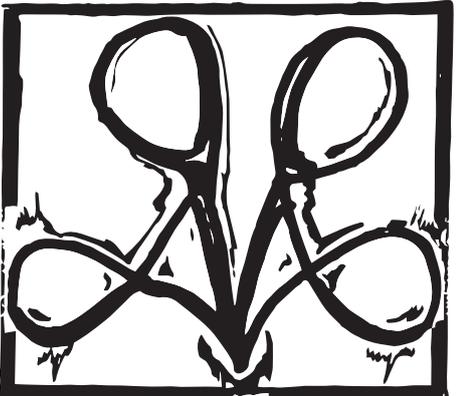


# Exploring Students' Attitudes and Beliefs Around Discussing Drug (Including Alcohol) Use with Academic Staff



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# Project overview

There is widespread use of illicit drugs among UK University students (Bennett & Holloway, 2017), with prevalence of drug use higher than among same-age non-student peers (Bennett, 2014). Although the University of Bristol is one of few UK Universities with an explicit harm reduction approach to drug (including alcohol) use, students may still be hesitant to talk to academic staff about drug use, to obtain support for themselves or peers. Using focus groups, we examined what students understand by the University's harm reduction approach and explored the barriers they have about discussing drug use with members of academic staff.

## Key findings

- Although recreational drug use is normalised among students, using drugs problematically is associated with feelings of shame.
- Students are currently very unlikely to discuss problematic drug use with their personal tutor for a range of different reasons including: not perceiving it as their tutor's role to have these conversations, failing to form a connection with their tutor, and fearing the potential academic consequences of disclosing drug use.
- To encourage students to seek help from the University regarding their problematic drug use and thus reduce harm on campus:
  - » All academic staff should receive training to provide them with the expertise and confidence to signpost students to drugs services.
  - » The University should make students aware that staff are open to having these conversations and should promote the University's harm reduction approach.

## Method

Four focus groups took place over Zoom (N = 16 in total, nine female), comprising friendship groups of second year undergraduate students at the University of Bristol. Participants were recruited via advertisement on social media and personal contacts. A topic guide was used to facilitate the discussion; however, this was used with flexibility to allow emergent topics to be explored in further detail.

The data were transcribed, checked for accuracy, and then anonymised, before being analysed using thematic analysis, a qualitative research method used for systematically organising data into meaningful themes (Braun & Clarke, 2012). During thematic analysis, we developed three themes:

- 1. Drug use is normalised until the moment it becomes problematic**
- 2. I wouldn't feel comfortable telling my tutor**
- 3. What can be done?**

# Hypothetical Scenarios

The topic guide began by describing four hypothetical scenarios as a way of encouraging discussion about how students would respond if they were in the following situations:

- You're a first-year student who's only been at uni here in Bristol for 4 months. Back home you had a small group of friends but found big parties overwhelming. However, at uni you didn't want to be seen as shy and you love the confidence you get from drinking. You keep a bottle of vodka in your room and drink this secretly whenever you know you have people coming over to the flat. You don't remember the last day you didn't drink and worry people won't like the less confident, sober version of you. You constantly feel tired, and your thoughts have been very negative recently.
- You're a fourth-year medicine student who has been living with the same group of friends for the last few years. The work has been really intense recently and you've noticed that one of your housemates has been struggling to keep up. She's used ketamine since first year but recently has been doing so in higher quantities, even when she's alone and on nights when she's not going out. You've tried to speak to her about this, but she says that everyone here does ket and tells you to stop making a big deal of it.
- You're a second-year student who loves uni and especially loves going out. Your student loan only came in a month ago and it's nearly all gone because you've spent so much of it on cocaine. You're now using cocaine most days and you're worried you might be forming a dependence. You can't afford to keep buying it and you're too scared to ask your family for extra money. You are most likely going to have to drop out.
- It was your dream to get into Bristol uni but money has always been tight for your family and you feel bad moving away from home. To make a bit of extra cash during first year you ordered some drugs off the dark web and sold them to the people in your halls. You're currently in second year and you're now dealing to people you've never met before. You're really scared and want to stop because you're a good student and you know what you're doing is illegal, but you also know you won't make anywhere near as much from a part time job and don't see how you'll afford to pay the rent.

# Findings

## 1. Drug use is normalised until the moment it becomes problematic

### 1.1 Student drinking culture prevents acknowledgment of problematic drinking

Although figures suggest that young people today are drinking less than previous generations (Oldham et al., 2020), it would still appear that university is a time associated with excessive alcohol consumption. Participants spoke of a 'normalised drinking culture' where binge drinking was just part of the 'university experience' as opposed to a problem one would need to seek help for:

***That culture of just like drinking to absolutely like passing out is just so normal. And like, even if you're doing it frequently, it has just become completely normalised (Kate)***

As a result of this drinking culture, many students may be unaware that their drinking has become problematic and fail to acknowledge that they need help. Alternatively, students may acknowledge that they have been drinking excessively but feel that their student status excuses them from being classed as having a substance problem:

***At our age it's so difficult to tell what a drug and alcohol problem is because you're drinking all the time. Like if you do those little surveys where it's like, are you an alcoholic, I think most people our age would come under alcoholic just because of the amount you drink when you go out. (Molly)***

Due to this difficulty in acknowledging problematic drug use, students suggested that they would rely on their close friends to tell them that they had a problem. Participants were confident that they could depend on their friends to encourage them to get help or even ask for help on their behalf:

***I think it usually takes like someone else to be like, oh I think you should speak to someone or someone to like, speak on your behalf maybe. (Bella)***

However, when participants were presented with a hypothetical scenario in which one of their friends was using drugs problematically, all four groups discussed it 'not being their place' to get help on behalf of that person, with some even describing it as 'snitching' or 'ratting' them out. Thus, this reliance on friends may provide a false sense of security:

***If that person was my friend, it's almost like this sort of thing that you can't really help someone until they help themselves. (Kate)***

***Probably let the person whose problem it is contact the uni rather than doing it myself. Because I don't think that would be fair on them. (Alexa)***

## 1.2 There is shame surrounding problematic drug use

Despite recreational drug use being perceived as part of the university experience, there appeared to be much shame associated with problematic drug use. Participants generally agreed that when speaking to academic staff about mental illness or financial issues they would deliberately not mention drug use, even if this was the root cause of their problems:

***I think if I was going to approach it with my personal tutor, I wouldn't mention the drinking aspect of it. I'd probably just say like, these are the thoughts I've been having recently (Alexa)***

In recent years there has been a push to challenge the stigma surrounding mental illness and encourage people to speak more openly about their struggles. Much of what participants said echoed this with many suggesting that they would feel comfortable discussing their mental health with their tutor. However, while it would seem that much of the stigma surrounding mental health has been broken down, this has not extended to problematic drug use, with several students citing 'shame' as the main reason for not discussing drug use with academic staff:

***I think they'd be much more likely to say that, like, it's a mental health problem than say it's drugs or alcohol. (Bella)***

***I wouldn't bring it back to drinking, like I should. And probably the main barriers are just like maybe like a bit of shame. (James)***



# 2. I wouldn't feel comfortable telling my tutor

## 2.1 There is difficulty connecting with academic tutors

Personal tutors are expected to meet regularly with students to support their academic and personal development. As well as providing academic guidance, tutors are also tasked with pastoral responsibilities. However, for many students, forming a connection with their tutor was challenging. Students likened their tutors to a range of authority figures including their 'parents' or their 'boss', and consequently stated that they would never speak to them about problematic drug use:

***You perceive your personal tutor to be like at a higher level than you so you don't want to talk to them about stuff like that. Like as if they're like a parent almost, and you don't want to see them that way. (Millie)***

Several students reported only having met their tutor a handful of times and thus the idea of opening up to them about non-academic matters seemed 'weird' and 'awkward':

***I feel like there's not that much personal about the tutor. I feel like if there was a bit closer of a connection. I think I've only seen the guy like three times. (Freddie)***

Tutors were also perceived as unrelatable and as having a lack of understanding about drugs due to their age:

***Academic staff can sometimes be like, a bit detached and most of the time, they're like, a lot older than us. (Alexa)***

One student also noted that not only would she feel uncomfortable discussing drug use with a tutor, but they would also probably feel uncomfortable and not know how to respond. Consequently, speaking to someone from Wellbeing Services who was qualified to have these conversations was preferred:

***I feel like you would be uncomfortable sharing that with them and sometimes I think, with some of the tutors I've had, and like, yeah, I think maybe they would be uncomfortable with you telling them that. I think that they'd probably be like, why are you telling me this like I don't know how to deal with this. (Bella)***

## 2.2 It is not the role of academic tutors to discuss drug use

Despite most students liking their tutor, many perceived their role to be purely academic and deemed it inappropriate to discuss non-academic matters with them.

Some participants even stated that their tutor 'wouldn't care' unless the issue had direct relevance to their studies:

***I just feel like they don't really care, or wouldn't want to help. I don't know. Even though my personal tutor is really nice. (Ella)***

All participants expressed being very unlikely to ever discuss drug use with a tutor unless their grades were being negatively impacted:

***I imagine if it's affecting your performance academically and you have to justify why you're not doing so well you would potentially bring it up. (Mark)***

In several groups it was suggested that combining academic and pastoral support into one role was the wrong approach. Students generally felt that while tutors could provide academic guidance, they were not qualified to also support students pastorally. Instead this role was deemed better suited to Wellbeing Services:

***Although they try and promote tutors as kind of like wellbeing and academic and anything that you need, I personally, I feel like those lines don't really blur. (Kate)***



## **2.3 Covid-19 and online learning has increased the distance between students and staff**

In response to the Covid-19 pandemic, the University moved much of its learning online. While this helped to reduce transmission of the virus, it only served to increase the distance felt between students and academic staff:

***If there was like distance between us before, there's definitely like, more distance between us now. (Daniella)***

As a result of the online format, where many lectures are pre-recorded, students felt that there weren't many opportunities to speak to academic staff. Whereas before they might stay behind after a seminar to speak with a lecturer, having to arrange a Zoom meeting in advance felt more serious:

***It's just like a tiny face at the bottom right-hand side of Blackboard Collaborate. There's no kind of interaction there and there's no informal way to kind of just walk up to them and ask them or like office hours that you can knock on their door for. (Molly)***

Another concern for students was communicating with academic staff about problematic drug use via email. The idea of putting something in writing was deemed to give it a sense of permanency and participants worried about the consequences of this:

***I think also, like with email, like, I don't know, but a thought of mine is like, oh, they've got like physical evidence. (Daniella)***

Several students also expressed struggling to compose emails and being unable to put down their emotions in writing. This is particularly relevant given that problematic drug use is highly stigmatised and difficult to discuss:

***I had a tutor meeting when we could go in-person, so like start of October time, and it was a really useful session, but I just said things that I know I would definitely not have been able to say if... like we had a conversation that I would not have been able to like verbalise by email. (Kate)***

Student living arrangements also provided a barrier for students with several worried that their housemates would overhear them speaking about problematic drug use. In contrast, speaking to a tutor in their office felt more confidential:

***You can have up to eight or more people living in a house with you and whether you're speaking to, you know, your personal tutor, the GP, whatever, like, people can hear what you're saying, probably your next-door neighbours your you know, your housemates. (Lewis)***



## 2.4 There are perceived academic consequences of disclosing drug use

One of the main concerns students had about discussing drug use with academic staff was that they would get permanently suspended from the University given that many recreational drugs are illegal. It was clear that most students did not know the University's policies pertaining drug use and thus would always avoid discussing drugs to err on the side of caution. When asked what the main barriers were to disclosing problematic drug use with a tutor, one student said:

***Mainly like, well not mainly, but like obviously incriminating stuff and getting kicked off your course, just because it's embarrassing. (Ella)***

Aside from getting permanently excluded, a range of other anticipated negative consequences were discussed, such as being perceived negatively by academic staff. Students were worried that disclosing drug use would affect their tutor's willingness to provide an academic reference and support them in applying for placements, thus impacting future job prospects. It was evident that for many students, maintaining a favourable image in front of their personal tutor was very important:

***I'd be too nervous that it would affect the way people thought about you in terms of like my personal tutor sort of gave me a hand looking for industrial placements. If I told him that I did shitloads of drugs I feel like he might be less inclined to help me try and get a placement (Freddie)***

It was also suggested that their grades might be negatively affected due to tutors marking their work, once again implying that many students don't feel comfortable combining academic and pastoral support into one role:

***A lot of personal tutors are people that actually teach us I feel like, even if they weren't looking at me differently, I'd feel like they were looking at me differently in like lectures and stuff like that. (Alexa)***

***And they mark some of our work as well and things. (Daniella)***



# 3. What can be done?

## 3.1 Training for academic staff

Overall, the students perceived academic staff as unable to discuss problematic drug use due to a lack of knowledge and training. One student stated that it would be 'pointless' to speak to their tutor as they would be incapable of giving good advice:

***Are they [academic staff] qualified enough to like actually give good advice to someone who's actually got a drug problem? (James)***

However, there was general agreement within and across groups that all academic staff should be trained to discuss problematic drug use with students. This is perhaps surprising given that most students said they would be very unlikely to ever disclose drug use to a member of academic staff. However, students felt that staff should be trained to discuss sensitive matters like drug use, just in case a student ever did bring it up, especially because going to a tutor would most likely be a 'last resort':

***I think it's important that all university staff, sort of, like if they were told about a student, know how to act appropriately when they're given that information. (Lewis)***

Students did not perceive it as the role of academic staff to ever initiate these conversations but rather felt that staff should be open to having them and make it clear that students could always go to them about these matters:

***I think they should encourage the fact that they are there if you need to talk and just say, by the way we're not just your academic support we're here for all this, if you ever need to talk to us, or you want to refer anyone, just let me know. But I don't think they should be like, do you have a drug problem? (Ella)***

Although the participants in this study had struggled to form a connection with their tutors, some had met other members of staff within the University that they trusted. This highlights the importance of providing training for all staff, not just tutors:

***There were other people within the med school who just personally like, I would feel more comfortable going to, not that they necessarily have that role as my tutor (Molly)***

## 3.2 Communicate University drug use policies

The University of Bristol is one of few UK Universities with an explicit harm reduction approach to drug use, and students now have numerous options to engage in drugs education and harm reduction services; however, it became apparent during the focus groups that none of the students were aware of this. Many believed instead that the University adopted a zero-tolerance approach due to posters they had seen in halls and a presentation given during freshers' week:

***I feel like in halls you saw those like posters up everywhere about like drug use is bad, if you have it, then you know, you risk prosecution or something like that, something you know with very serious words. So I feel like you see that and you think oh zero tolerance approach to drugs. (Lewis)***

It is therefore to be expected that students would feel hesitant about discussing drug use with academic staff if they think this puts them at risk of permanent exclusion. However, after being made aware of the harm reduction approach, participants generally agreed that they would be more likely to speak to a tutor if they were using drugs problematically:

***Yeah, like if it was kind of common knowledge about that [harm reduction approach]. Personally I'd be more confident going forward to the uni about stuff like that (Hugo)***

Hence, it is critical that the University promotes its policies regarding drug use in order to encourage students to reach out for help. This was echoed across all groups:

***You got to make sure every student knows on that harm reduction policy. [...] It may encourage just a couple more than before to come forward and a couple more is better than none. (Ethan)***

Students were also unaware of the harm reduction services provided by the University and were surprised to hear that the Student Union offered drug checking reagent testing kits. This was something many of them were enthusiastic about and were sorry they hadn't used in the past:

***That drug testing one sounds cool. Should have done that before Lakota. (Freddie)***

The education sessions, on the other hand, did not appeal to the students perhaps because many of them will have had to attend similar talks at school and would rather not be reminded of the risks associated with using drugs:

***Yeah, I feel like if you're going to do drugs, the testing one's more like proactive, engaging, usable. (Nick)***

### 3.3 Promote other options for obtaining help

While it is vital that the University makes an active effort to promote its harm reduction approach, many students may still rather seek help from an external organisation. As a result, signposting these services to students is critical:

***I don't think uni would be like my first point of contact. (Millie)***

Students frequently cited their friends and family as their first port of call if they were to ever find themselves using drugs problematically:

***Yeah, I wouldn't go anywhere with any sort of authority. I'd keep it like relatively informal like friends based. (Hugo)***

Equally, many students said they would reach out to a medical professional such as a GP who they deemed qualified to deal with problematic drug use:

***I would speak to probably like someone in health care before uni staff. (Daniella)***

Speaking with Wellbeing Services was also an option students considered; however, the heavy focus on mental health promoted by Wellbeing was a potential barrier, as students were unsure whether they could also access drug support. Thus, it is important for Wellbeing Services to highlight that they can also support students who are using drugs problematically:

***If you had like a drug or alcohol problem and you saw that wellbeing was so focused on mental health, and which is absolutely amazing, but it might sort of defer you away, if you had an issue, like a drug or alcohol problem. (Kate)***

In summary, different students will feel comfortable accessing help in different ways depending on their circumstances. Therefore, it is important that the University promotes a range of ways to get help for problematic drug use, both within (i.e., personal tutor), and outside of the University (i.e., GP).



# Recommendations

## **-Promotion of the University's harm reduction approach:**

The harm reduction approach adopted by the University of Bristol reduces many barriers to accessing support for problematic drug use. However, the University must promote this stance if students are to benefit. Explaining what is meant by this approach during freshers' week is essential to reducing harm on campus.

## **-Promotion of drugs education services:**

The University provides numerous options to engage in drugs education and harm reduction services; however, the majority of students were unaware of this. Advertising these services around campus would encourage greater engagement.

## **-Training for personal tutors:**

Students perceived academic staff as unwilling and unqualified to discuss problematic drug use due to a lack of knowledge and training. However, a new toolkit being developed by the University, which is hoped to be available to personal tutors in October 2021, will provide tutors with a series of possible scenarios related to students approaching tutors with questions and concerns about drug use, with suggestions for how to deal with these. Academic staff should engage with this toolkit and make students aware that they are trained and open to having conversations about problematic drug use. This will provide students with another route through which they can access support.

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