

HARM REDUCTION

a guide for campus communities

Campus communities, seeking to deal with substance use, can draw on the experiences of human societies, both ancient and modern. Psychoactive substances have been used across the globe for thousands of years. Their potential to enhance human well-being has driven this use, but their potential for harm has also been widely recognized. The benefits and harms play out at both individual and various social levels.

In contemporary terms, this suggests campuses should consider “harm reduction” within a broader focus on “health promotion.” The quest for healthier relationships with substances is an appropriate and worthwhile endeavor both for those who use them and for those who do not. It provides a fitting framework within which to situate and carry out harm reduction. This guide is intended to identify initiatives campus communities may take to minimize harm associated with substance use, but also to indicate how a health promotion orientation can enrich those efforts.

A health promotion framework for harm reduction

The Ottawa Charter begins with a declaration:

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being. (World Health Organization, 1986)

Health promotion is about increasing capacity to manage and enhance health. It applies to both individuals and groups (Joubert & Raeburn, 1998). It respects autonomy in defining and pursuing health and is holistic in its scope. It calls for collaboration across traditional boundaries and divides.

Health promotion values and implications

Several values are widely recognized as central to health promotion and are important in any application of the approach to policies, programs and practices:

- empowering (enabling individuals and communities to assume more power over the personal, socioeconomic and environmental factors that affect their health)
- participatory (involving all concerned at all stages of the process)
- holistic (fostering physical, mental, social and spiritual health)
- intersectoral (involving the collaboration of agencies from different relevant sectors)
- equitable (guided by a concern for equity and social justice)
- sustainable (bringing about changes that individuals and communities can maintain over time)
- multi-strategic (using a variety of approaches – including policy development, organizational change, community development, legislation, advocacy and education and communication) (Rootman et al., 2001)

One corollary of these values is a renunciation of the tendency to manipulate and control populations in order to protect them. Instead of operating by way of proscription (denouncing and banishing practices) and prescription (telling others what they ought to do), health promotion aims to mobilize and enable people to determine and implement measures that will advance their own well-being (Buchanan, 2000, 2006a,b, 2008, 2016).

Dialogue is a key mechanism for a campus (or any other community) to **engage together** and build capacity. It enables the community to gain shared insight and mutual appreciation. It helps establish a basis from which to respond jointly to challenges and opportunities, respecting diversity. **Efforts to engage** members will be more inclusive of those from all sectors of the community. A health promotion approach attends to the overall breadth of lived experience among members and helps break down the “us” and “them” divisions that sustain stigma.

A health promotion perspective concerning substance use seeks to enhance health literacy to strengthen agency and self-efficacy around drug use, for both communities and individuals. This involves several levels. At a basic functional level, health literacy involves rudimentary reading and writing skills and foundational knowledge about health conditions and immediate determinants. Health literacy, understood more broadly, involves the communicative and social skills needed to make sense of health-related information and apply it to changing circumstances. At a still deeper level, health literacy entails the capacity to analyze information critically in order to influence the

social, economic and environmental determinants of health in pursuit of individual and collective well-being (Chinn, 2011). Nurturing health literacy equips people to manage and regulate substance use in a way that respects shared rights and responsibilities and positively influences social and physical environments.

For further elaboration on how health promotion applies to addressing substance use, see:

- [Understanding substance use](#)
- [Helping people who use substances](#)

Harm reduction: a part of health promotion

Harm reduction initiatives include practices, programs and policies that seek to minimise negative health, social and legal impacts associated with drug use ([Harm Reduction International](#); Riley et al., 1999). These efforts spring from a recognition that people who use psychoactive substances may understandably be unwilling or not in a position to stop use. People who use drugs are fellow human beings, legitimate recipients of support to limit damage (and avoid death) and of encouragement to help themselves in all aspects of protection. Harm reduction in principle

- upholds their right to make choices around use (rather than be coerced), experience life, enjoy benefits of health, and receive care services (with a say in how those are applied to them),
- acknowledges their entitlement to be accorded dignity and be treated with respect and compassion, recognizing their agency and repudiating the exercise of stigma in regard to them,
- is committed to social justice in opposing discrimination and oppression, working to remove inequities (including barriers to accessing support) and to replace or prevent detrimental policy (including punitive measures that are unjust and in some situations inhumane), and
- seeks to implement practical, effective, evidence-informed, economically feasible interventions that non-judgmentally meet people where they are at and work with them to assist them in improving their condition whether abstaining from use or not.

Enacting this comprehensive vision of harm reduction requires far more than not insisting that people abstain from drug use. Harm reduction practices, programs and policies should be grounded firmly in health promotion values.



Harm reduction for the campus community

People often use psychoactive substances as a way to enhance well-being (to feel good, feel better or improve performance). Problems that emerge from use, or even substance use disorders, do not necessarily nullify well-being, however much they may jeopardize and diminish it. Reducing harm from substance use is a worthy endeavour but needs to be placed within the larger frame of promoting well-being.

Well-being can be defined in terms of personal thriving and collective flourishing, with individuals experiencing integrity within themselves and integration in their communities (Alexander, 2008, p. 59; Buchanan, 2000, pp. 102–113). Given this interrelation, campus communities have an opportunity and responsibility to create nurturing environments that promote both personal thriving and collective flourishing. This involves more than encouraging behaviour change and the prevention of substance use disorders. It requires attention to nurturing personal health assets and building environmental resources for well-being. Harm reduction efforts, with awareness of the interconnection between structure and agency, can have a positive influence on both these components of everyday life.

The 2015 [Okanagan Charter](#) articulates how health promotion belongs to the vision and mission of universities and colleges. Post-secondary institutions not only have an opportunity to shape their own environments but a mandate to help educate individuals to become well balanced and capable of promoting the well-being of the wider community (Dooris et al., 2014). Engagement in harm reduction efforts encourages campus members to learn respect for human dignity and agency, to cultivate compassion and empathy, and it provides them with opportunity to practice altruism in humanitarian efforts. In this way, harm reduction initiatives align with a post-secondary education institution's role as an academic community that equips learners to become responsible citizens who will contribute to public good including the cultivation of healthy, safer communities.

For further information see:

■ [Healthy Universities UK](#)

Questions to consider

- How does our campus promote positive health and not just focus on reducing illness, injury or harm?
- To what extent do campus policies and practices reflect an awareness of the environmental (social and physical) influencers of health and not just focus on individual behaviours?

Broad community harm reduction strategies

Not all harm reduction strategies need to focus directly on substance use. Various initiatives — that encourage and foster critical reflection, resilience in navigating the challenges of campus life, supportive relationships and mutual care — will strengthen well-being. Even when these initiatives make no explicit reference to substance use, they may serve to decrease levels of use and related harms. Substance use is not a separate domain detached from other areas of life but is connected to them in ways that are important to explore, understand, appreciate and work with.

Attending to the relational ethos on campus by building connectedness in various complementary ways can prevent campus members from depending on substances to provide the social glue. Peer-support programs that promote dialogue can help students build gratifying relationships. Some BC campuses have aided a sense of belonging for indigenous students by having pot-luck gatherings and elder-in-residence programs. Such provisions present opportunities for greater integration as non-indigenous campus members are invited and welcomed to be present and acquaint themselves with the indigenous culture, traditions and leadership.

SFU's provision of **community cooking workshops** for (especially but not only) international students has facilitated forming of supportive relationships and not just development of culinary skills and occasions for discussions about health topics including substance use. Making the dining hall open 24/7, as SFU did, not only facilitated some social interaction at otherwise lonely hours but also provided a safe space for eating instead of prolonging substance use and for staying put as opposed to hazardous travel elsewhere on- and off-campus.

Efforts that may help reduce harm from using substances as a coping mechanism include:

- supplying clear information about social life and system-navigation to aid adjustment to the post-secondary context
- offering workshops, study groups or designated learning communities to help students develop strong research methods and study habits
- providing readily accessible opportunities for mentoring, giving feedback and offering advice to students and others
- scheduling classes, assignments and exams in timetables that are balanced and avoid creating junctures of acute stress
- alleviating financial burden through various forms of assistance and advice, including referral to potential income opportunities

Initiatives that may help reduce harm from overusing substances to provide elevated experiences include:

- connecting campus members to challenging and rewarding contexts of community service that appeal as a worthy investment of time, focus and energy
- offering alternative recreational pursuits, with both arts and standard sport options as well as opportunities to be involved in enjoyment of hiking and efforts to preserve the natural habitat

Some BC campuses have found such programming to receive very enthusiastic uptake and even result in participants moderating weekend drinking patterns in order to ensure better performance in organized sports events geared to friendly competition.

General substance use harm reduction strategies

Harm reduction strategies specifically related to substance use within campus communities can take a variety of forms and address the issues at various levels.

At a basic individual level, a harm reduction approach might focus on applying time-honoured wisdom:

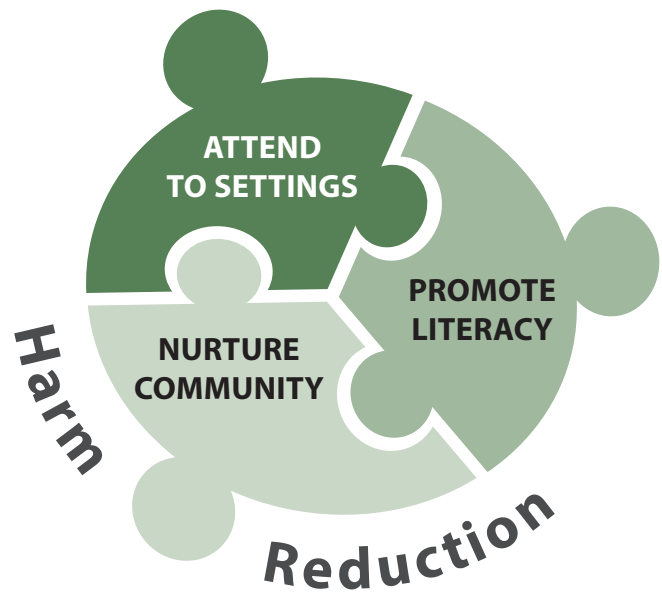
“not too much, not too often, only when safe.” Harm reduction strategies within this frame will focus on working with individuals to moderate use and to explore safer methods and situations for use through education and access to supports that aim to counter or mitigate adverse consequences.

At a basic campus community level, a **framework** for harm reduction strategies might be

“nurture community, promote literacy, attend to settings.” Here the focus is not simply helping individual community members adopt protective or mitigating strategies. Nor is it limited to **measures** that facilitate moderation by reducing availability and access. Harm reduction at this level will respect personal agency, seek to increase social supports and make contexts in which drug use takes place safer. The goal is safer outcomes, not just lower rates of use.

Helpful policy approaches might include:

- judiciously regulating the sale and marketing of alcohol, energy drinks, cannabis, tobacco and vaping devices on campus



- carefully qualifying, limiting or declining sponsorship arrangements with the industry (e.g., alcohol, tobacco, cannabis) including support for major events, programs and facilities
- formalizing codes of conduct around use that respect individual autonomy and expect social responsibility
- adopting “Good Samaritan” policies that encourage reporting of emergencies without fear of punitive repercussions
- committing to enforcement and disciplinary processes that reflect health promotion principles including personal engagement, support, education and empowerment, restitution, restoration, and integration

Beneficial services might include:

- self-help resources that supply sound information and support individuals in their personal management of substance use and in seeking help if needed
- aids to support campus members in providing appropriate informal intervention and referral as needed in response to indications from fellow campus members of substance use-related difficulties among friendship groups
- support programs that engage peers in interactive conversations about substance use (among other health matters) toward more reflective practices and mutual care
- accessible counselling and health services that take a **motivational interviewing** approach to support campus members in improving their substance use patterns in ways that make sense to them and work for those around them, without requiring abstinence
- safe travel provisions to and from campus as well as around it (e.g., through regular patrol services, walk safe programs and ample emergency phones), with volunteer bystanders and security staff well-trained and equipped to render assistance in emergency situations
- aptly located and suitably staffed depots for distribution of harm reduction supplies, and well-situated, constructed and maintained receptacles for safe disposal of drug use implements

Relating thoughtfully to athletic endeavor and expectations

A sometimes externally imposed substance-free requirement for varsity athletes (to support health, authentic performance and fair competition) can become an item for dialogue among other sports-minded students on campus. As experience shows, institutions need to avoid singling out athletes either as solely targeted objects of intervention or as specially selected champions for health. Exemplars of healthy relationships with substances should be cultivated across the campus community in a collaborative endeavor that recognizes diverse profiles.

Through its [Do2GetThru](#) project Camosun College has used a video its members constructed to engender conversation about meaning, pros and cons around drug use in their setting. In Do2GetThru Camosun has also employed the interactive medium of forum theatre to engage audiences as actors in together exploring scenarios of use, examining complexity, learning empathy and reflecting on possibilities for helpful response.

One example of an initiative to train and mobilize student peers is Stony Brook University's [Red Watch Band](#) which equips peers to intervene to prevent death from overdose and encourage fellow students in cultivation of a campus of respect, responsibility, caring and kindness.

Event-oriented protective provisions might include:

- providing adequate space, lighting, and sanitary washroom facilities
- offering good program management, such as entertainment options and control of crowd size, music, and noise levels
- supplying attractive food and water options to lower a sense of need for use of drugs or to offset effects
- ensuring the availability of safe walk or ride options to participants' place of residence
- training and providing professional or paraprofessional medical support services on campus at key party times or at events

On evenings of anticipated increased use, University of Calgary's peer-manned volunteer [Student Medical Response team](#) operate [support spaces](#) where impaired students can – under supervision and without penalty – safely sleep off effects of alcohol and/or cannabis intoxication.

Alcohol related harm reduction

[Alcohol](#) is, after caffeine, the most popular psychoactive substance consumed by campus members. People use it to socialize, celebrate and relax. Nonetheless, even modest amounts of alcohol may contribute to harm in some circumstances, particularly when combined with driving or with the use of other drugs. Immediate harms are most often associated with heavy episodic drinking leading to intoxication. Long-term frequent use can interfere with and compromise academic performance and is linked to illnesses such as heart disease and cancer.

Harm reduction strategies related to alcohol might include:

■ Engaging students in discussions about ways of staying safe

Vancouver Island University's Practical Substance Advice residence initiative provides one example. Selkirk College's **dinner basket conversations** provide a **model** in which use of open questions encourages personal and collective reflection, greater intentionality and mutual support in **safer practice**.

■ Upholding appropriate standards with practical support

Thompson Rivers' **Drink with Class** residence initiative recognizes the social dimension of drinking and provides party hosts with guidance and support for holding socially responsible parties that are fun while minimizing potential for harm and disturbance of others.

■ Providing information on safer use or protective behavioural strategies in a practical way

Vancouver Island University's *Eat Before You Hit the Streets* initiative provides food (itself a harm reduction strategy), **practical information** and thoughtful discussion for campus members before they leave campus for a night out at off-campus drinking events.

■ Providing transportation after regular social nights or special celebration events

Selkirk College provides a bus to get residents to and from local college hockey games where alcohol is sold.

■ Ensuring safe policies and practices at any alcohol serving premises or events on campus

Examples of safe policies and practices include

- responsible beverage service in adherence to **Serving it Right** standards
- providing light-beer and non-alcohol options (such as appealing mocktails)
- serving drinks in shatter-resistant glassware
- offering friendly invitations to patrons to access supplied resources on **low-risk drinking** and safe ride home options

Protective behavioural strategies around alcohol (things people can do to reduce likelihood of experiencing negative consequences) include

- limiting intake in different ways,
- attending to context and
- availing oneself of social supports.

For discussion on the benefit for post-secondary students in adopting them, see Pearson, 2013; Prince et al., 2013. On the basis for Canada's low-risk drinking guidelines, see Stockwell et al., 2012.

■ Allowing alcohol consumption in shared spaces while promoting responsible use

One BC campus concerned about unmonitored private consumption in residence rooms adopted a policy to allow for moderate use in open, shared areas that could be monitored and where responsible use could be enjoyed

■ Prohibiting alcohol use on campus

Some BC institutions have experienced fewer incidents of injury, disruption, conflict and vandalism even if exclusion of alcohol brings greater onus to support safer use off campus and promote leisure options on and off campus

■ Raising awareness of risk and ways in which it can be lowered

Initiatives concerned with risk awareness and promoting [Low-Risk Alcohol Drinking Guidelines](#) can still do this in a manner that engages campus members, respects motivations and builds intentionality rather than simply marketing specific behaviours (e.g., U. of Saskatchewan's [What's Your Cap?](#); Dalhousie's [Keep It Social](#))

Questions to ponder

- How can our campus best build mutual respect and responsibility among our campus members when it comes to alcohol use?
- How can our various campus operations consistently foster a healthy culture around alcohol use as an optional feature of social life with potential for both benefit and harm?

Cannabis related harm reduction

Cannabis is the next most popular drug consumed in the campus community, though by substantially fewer than those who use alcohol. Motivations for using cannabis in its various forms include enhancement of mood, greater enjoyment of social gatherings, altered perceptions, relief from boredom, aid in relaxation and sleep, and alleviation of emotional and relational anxieties. Possible near-term harms accompanying heavier intake may include temporary impairment of cognitive processes and psychomotor functioning as well as some psychological distress (e.g., elevated symptoms of worry, sense of insecurity). Frequent heavy use can impede academic achievement. Use before or while driving carries a significant potential for serious harm.

Respiratory difficulties (esp. from smoking) are a primary long-term concern. There is also evidence that young people with a family history of psychosis, combined with other vulnerabilities, are at increased risk of developing schizophrenia or psychosis if they use cannabis (particularly heavy use of cannabis with high levels of THC).

Harm reduction strategies related to cannabis might include:

■ Engaging campus members in critical reflection about ways of staying safe

Lower-risk cannabis use guidelines and protective behavioural strategies provide content for conversations on **responsible use** and mutual support. This can be part of a broader **campus dialogue on cannabis** that promotes the principles of moderation and sensible caution like “not too much, not too often, only in safe situations.”

■ Promoting cannabis literacy

A number of BC campuses participated in a national **Let's Talk Cannabis** initiative that promoted dialogue around cannabis policy in view of federal legalization. Attentive listening to a diversity of experiences and perspectives broadens understanding of the phenomenon of cannabis use. Cannabis literacy can also be enhanced through cross-curricular explorations of how various societies have approached cannabis cultivation, marketing and consumption.

■ Promoting social responsibility and collaboratively developing appropriate policies

Several BC campuses participated in a project to understand **campus cultures of smoking**. The project reinforced recognition that social responsibility has implications for both those who smoke and those who do not in mitigating harm. It also illustrated how both groups need to be engaged in developing balanced policies that serve the whole community. Determination of appropriate outside restrictions, in particular, calls for careful collective **consideration**. Cannabis use for therapeutic purposes (authorized by a healthcare professional) may need mutually respectful accommodations.

■ Providing a store that offers responsible service

Where there is permission from municipal authorities, a campus might be willing to include among its establishments an exemplary licensed cannabis outlet that met strict qualifications around legitimate suppliers, limited promotion, bounded hours of business, staff competence credentials, conditions of sale, and maintenance of security.

Protective behavioural strategies around cannabis (steps people can take to lower potential for adverse outcomes) include

- various ways of reducing intake and
- accounting for anticipated difficulties.

For discussion on the value for post-secondary students in utilizing them, see Pedersen et al., 2016, 2017; Bravo et al., 2017a,b. On the basis for Canada's lower-risk cannabis use guidelines, see Fischer et al., 2017.

Questions to ponder

- How can our campus increase collective competence around cannabis and help campus members develop greater personal capacity to relate to it in a healthy way (whether or not they use cannabis)?
- How can we find ways to recognize and honor what matters to our fellow campus members when we disagree about cannabis?
- What can our campus do to provide and promote safe settings for responsible cannabis use without promoting use in general?

Potential long-term harm from the use of vaping devices is largely unknown at this time. Cases of severe respiratory illness and even fatalities apparently connected to certain vaping compounds suggest the need for better regulation of the industry and in particular of the chemicals being inhaled. There are concerns as well over injury from device accidents and malfunctions, including burns from improperly handled (or defective) lithium ion batteries. However, evidence still clearly shows that vaping is generally a safer alternative to smoking and indicates that vaping can serve as a useful aid to reduction in or cessation from smoking (e.g., Kozlowski & Warner, 2017).

Nicotine related harm reduction

People use nicotine in **tobacco** or, more recently, through vaping devices. Desired benefits include stress relief and relaxation, a pleasurable break or timeout from routine, heightened enjoyment of celebratory moments, help in socializing or concentrating, and an aid in weight control (cf. Bell, 2013a). Nicotine itself is not a general health menace, though it is quite addictive and can adversely affect fetal development. Smoking tobacco, however, poses a substantial threat to long-term health by raising the risk of lung cancer and heart disease. Routine exposure to second-hand smoke puts others at risk as well. Such adverse effects, coupled with concerns around pollution from cigarette butts, have prompted campuses to impose limitations on tobacco use in their settings.

Harm reduction strategies related to nicotine might include:

- **Encouraging dialogue around campus cultures of smoking**

The project on **cultures of smoking** in which several BC campuses participated gave voice to diverse experiences and perspectives, allowing for assumptions to be examined, mutual understanding to come about and collective endeavor to be pursued including more inclusive processes for policy development.

■ Offering helps to reduce smoking

These can involve encouragements and aids to cut back on smoking, use smokeless tobacco options instead, or utilize non-tobacco means of receiving nicotine (e.g., patch or gum). Meaningful contribution to well-being from diverse practices of smoking or patterns of nicotine intake should be weighed alongside detriments.

■ Providing helps to support cessation

BC campuses can and do readily link interested inquirers to smoking cessation aids such as the [QuitNow](#) resource. Typically, abstinence from all forms of tobacco and freedom from nicotine dependence is the goal of such programs.

■ Restricting outdoor smoking (and vaping) on campus

Policy processes will need to be attentive to various **considerations** that are pertinent for an appropriate stance, but also to ways of getting there. Truly collaborative approaches tend to result in greater ownership of and positive adherence to restrictions, with reduced incidents of harm for those who do not smoke and those who do, as well as reduced need for enforcement.

Questions to ponder

- How well has our campus explored the history and cultural diversity of tobacco use in view of both benefits and harms?
- How well have our policies around tobacco use served to integrate rather than ostracize those who use tobacco?
- How well have we attended to the settings our policies have stipulated or prompted for use of tobacco?

Is it necessary to limit smoking to designated detached areas or even ban it from campus grounds, and if so, why? Note, e.g., Bell et al., 2010; Bell, 2011, 2013b; Colgrove et al., 2011.

Could campuses, especially those that are not compact with high density and congested passageways, instead do better to implement an inclusive approach to outdoor smoking (and vaping)? In such an informal approach, smokers and non-smokers alike are explicitly expected to show mutual consideration to each other, with provision for smoking that will voluntarily respect space for non-smokers to avoid unwelcome exposure to environmental smoke while not preventing campus smokers from normal participation in public space (Dennis, 2013; Poland, 2000).

Caffeine related harm reduction

As in the broader culture, **caffeine** is the most popular substance used among campus members, with many engaged in habitual consumption. They drink this stimulant especially to enjoy its taste, facilitate positive socialization, assist alertness, counter drowsiness, and provide stamina. For some, it also provides pain relief. Caffeine may contribute to irritability, cause restlessness and bring about or exacerbate sleep difficulties. Sustained heavy consumption can lead to dehydration. Caffeine can augment the effect of other stimulants and partially offset the impact of depressant medications. Regular routine use can lead to mild dependence from which withdrawal may be somewhat unpleasant. Of special concern is the effect of heavy caffeine concentrations in combination with alcohol, as found in energy drinks.

Alongside various considerations and measures alluded to earlier, fostering dialogue around motivations, supposed benefits, potential harms, and alternative ways of experiencing comparably appealing impacts without recourse to such hazards would be promising as a harm reduction strategy and health promotion initiative.

Questions to ponder

- What contexts and situations on campus are associated with heavy caffeine consumption?
- How might we address these contexts and situations that have tended to prompt recourse to heavy caffeine consumption?

Other stimulant related harm reduction

Besides caffeine and nicotine, other stimulant drugs are attractive for their capacity to speed up central nervous system operations. A small minority on campus use pharmaceutical stimulants (e.g., Ritalin or Adderall) for purposes other than those for which they are prescribed or use illegal stimulants like **MDMA**, **amphetamines** or **cocaine**. Commonly cited reasons include cognitive enhancement (particularly as a study aid when cramming for impending academic deadlines), sustained energy at dance events or parties, and curiosity or experimentation. Stimulants are also used to self-medicate (to regulate mood or control appetite), enhance emotions conducive to sociability (such as affection and empathy) or deal with social anxiety.

Limited use for help with focus and mental or physical stamina is unlikely to result in immediate problems. Nonetheless, when heavily relied on for an ongoing energy boost, stimulant use can lead to overheating and loss of bodily fluid with serious, even fatal, damage to organs such as kidneys, heart, and liver. Heavy use can lead to agitation, aggression, and lack of attention to safety. Habitual consumption can compromise sound sleep patterns and overall health. Intake by injection

or smoking may be appealing for rapidly receiving desired effects but poses particular risks (e.g., overdose, transmissions of viral infection, damage to skin, veins, nasal passages and lungs). Illegally obtained drugs may be contaminated and their strength is unpredictable. Possession of these drugs could result in prosecution.

General strategies alluded to earlier (e.g., support around adjustment to post-secondary life, improved academic scheduling, alternative recreational pursuits) may also be particularly useful with respect to these other stimulants. Other harm reduction strategies might include:

■ Promoting stimulant literacy

This might include encouraging reflection on [safer use](#) and evidence related to mistaken impressions of advantage and misperception of social norms, as well as providing training in how to recognize and respond to overdose situations including helping someone into the [recovery position](#).

■ Providing services that help people manage their drug use safely

Examples include

- [drug checking](#) and other support services on campus, particularly at dance events or other party settings
- distribution of harm reduction supplies such as smoking kits, sterile injecting accessories, and sharps containers
- supervised consumption sites

■ Promoting dialogue on appropriate use and policies

Encouraging dialogue among campus members involving various stakeholders in the discussion around purported benefits and misuse can contribute to a healthier climate. These conversations can be extended to take up policy that would be helpful at campus, municipal, federal and global levels.

Questions to ponder

- How can we make the social and recreational learning experience at our campus welcoming and stimulating enough to reduce members' sense of need to use substances for invigoration, confidence or extra energy?
- How can we best equip our campus members for harm reduction in situations where they may be inclined toward use of stimulants?
- How can our campus improve academic relationships and practice for benefits that would include less resort to pharmaceutical stimulants?
- What creative means can our campus employ to generate collaborative conversations around use of these and other substances?

Opioid related harm reduction

Depressant drugs (including alcohol) are appealing for their ability to slow down central nervous system operations, provide a pleasurable sensation, aid relaxation and relieve pain (such as emotional trauma). **Opioids** (e.g., morphine, codeine, heroin, oxycodone, hydrocodone, hydromorphone, fentanyl) have long been used by doctors to reduce physical pain. A small minority of post-secondary students use these drugs without prescriptions. These students have cited several reasons for use, most often: relaxation, getting high, having fun, experimentation, self-management of chronic pain, coping with depression and anxiety, and help with sleeping. A still smaller proportion have named improved concentration, enhanced energy, better academic performance, sustained wakefulness and utility in counteracting other drugs as other factors prompting their use.

Use of drugs from an unregulated supplier increases risk. The inability to know what drugs are present and in what concentration results in greater potential for overdose. Opioid overdose can be severe enough to shut down normal brain and respiratory function. Combining depressant drugs is always dangerous with potential to halt vital breathing.

Non-oral forms of opioid use are particularly risky. Repeated intranasal intake (snorting, to obtain more immediate highs) risks damage to nasal membranes and functioning. Injecting opioids raises the risk of harm considerably when not professionally supervised. There is increased liability to fatal overdose and, especially in non-sterilized applications, for transmission of blood-borne viruses such as hepatitis C and HIV.

A pattern of habitual use can disrupt life severely, increase the odds of an overdose episode, and prompt recourse to street opioids and practices that put health in further jeopardy. A small percentage of campus members may get involved in use of street opioids or require harm reduction assistance in treatment situations stemming from dependent use of street opioids.

In addition to general approaches, harm reduction strategies related to opioids might include:

■ Promoting opioid literacy

This might include encouraging reflection on safer use and evidence related to mistaken impressions of advantage and misperception of social norms. It might also involve providing training in how to recognize and respond to overdose situations including helping someone into the recovery position.

Various BC campuses have provided or supported use management services, with at least one making personnel available for regular distribution of supplies at a dedicated harm reduction depot on campus.

■ Providing services that help people manage their drug use safely

Examples include

- **drug checking** and other support services on campus
- take-home naloxone kits and **training on use** through campus health services (esp. for security and residence staff)
- distribution of harm reduction supplies such as smoking kits, sterile injecting accessories, and sharps containers
- Opioid Agonist Therapy through campus health services or ready referral to local community providers
- supervised consumption sites

■ Holding constructive campus community conversations

These can address motives for use, positives of prescription for physical pain and mental struggles, additional self-health management strategies, issues around diversion, and concerns around mode of administration and interactions. They could also respectfully take up the relevance of research findings for notions of cognitive enhancement and academic advantage being obtained by use of pharmaceutical opioids (or even stimulants).

Questions to ponder

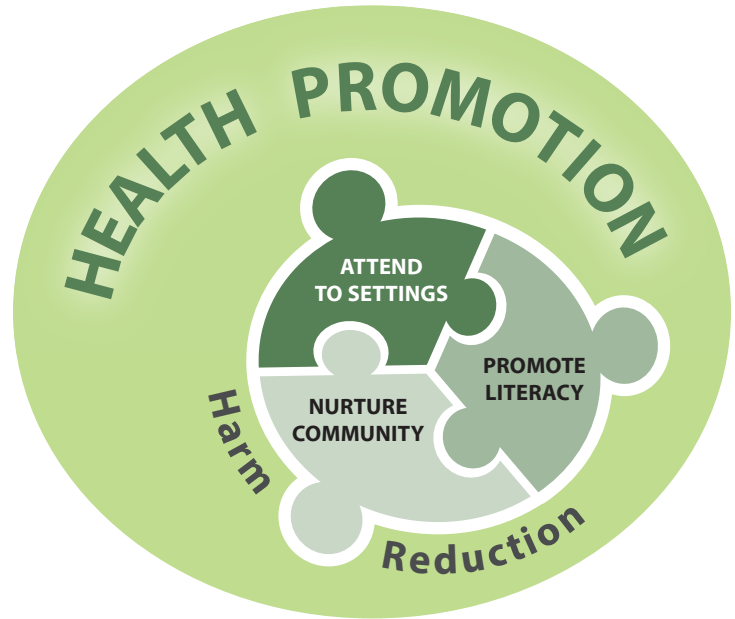
- How do we nurture an atmosphere in which members feel they belong and have people around them who care for their well-being?
- How can we encourage our campus members to use harm reduction strategies for their own protection and in coming to the assistance of others?
- What can our campus do in order to better make our environment one which is less conducive to our members taking pharmaceutical opioids in a non-prescribed manner, e.g., to help themselves deal with stress or negative mood affects?
- How can we make our conversations invite rather than repel participation on this topic?

What about efforts to promote health and reduce harm for distance-education learners? Providing and linking to online resources can be more than just supplying information and advising use of local services. It can offer (or link to) materials for consideration and interaction that, by posing questions and inviting reflection, encourage greater intentionality, enhance literacy and nurture resilience. Online support networks can be cultivated through course administration and wellness services to facilitate formal learning ties and informal social connectedness. The more these and other such mechanisms prompt engagement and promote dialogue, the more productive a post-secondary institution can expect them to be in contributing to off-campus students' healthier relationships with substances.

Concluding comment

Within a health promotion perspective, campus community action on harm reduction is far more than mitigating individual harms related to substance use. It involves building capacity to enhance shared well-being. This entails empowering and equipping campus members to better manage and so improve their own health and the health of the campus community. Strengthening community, expanding substance use literacy and relating to contexts are all crucial components of such an endeavor.

In this kind of initiative, campus members are all peers, whether students, staff or faculty, those who use substances or those who do not. Through the exercise of participatory democracy and dialogue, collaboration can take place and a climate of mutual care and support fostered. Diversity, dignity, agency, autonomy and responsibility can be recognized and affirmed, and benefits can be appreciated alongside acknowledgment of risk for harm.



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