DUHEI Town Hall 2022

Transcript

Professor Stephen Byrne

(Slide 1)

Good afternoon, everybody, here physically in the Dora room here in the Hub and all colleagues as well, online, both nationally and internationally. It's my great pleasure to welcome you all here.

My name is Stephen Byrne. I'm the deputy president and registrar here in University College Cork. And I also hold the title of professor of clinical pharmacy. It gives me great pleasure to welcome Minister for Public Health, Wellbeing and the National Drug Strategy, Cathal Feighan, and also colleagues from across the university and students' union representatives.

I suppose at the outset, this report is a truly collaborative project. It was established in collaboration with the leadership of Michael Byrne, his colleagues, the students' union and also with colleagues from across the country, in particular Professor Eamonn Keenan. I'd like to welcome you and to thank you for all your work.

I have been very interested to read the highlights of this report. In particular, I was very interested to see that occasional or social use of illicit substances is happening now in our secondary schools. Having secondary school children, that was something that was of particular interest to me.

But I feel there there's a lot of benefits of this report. And we can now start to actually provide the appropriate services and provide educational strategies around drug usage. Once we have the data, once we start recording the data, once we start knowing the true picture, we can then identify opportunities where we can affect change.

So I'll hand over to Michael and again, welcome.

Dr Michael Byrne:

Thanks. Thank you, Steven. I'm Dr Michael Byrne. I'm head with student health service here in UCC, and I've had the privilege to be the principal investigator on the study, but I'm not going to delay any further because I'm going to invite the Minister to do the opening address. So Minister, if you'd like to provide the opening address. Thank you.

Minister Frank Feighan:

It's a great honour to be here. It's my second time in Cork in the last two or three months. It's great to have met all the various stakeholders doing great work. And the one thing I always say is that I'm very privileged to be in a department of health that works with people who really want to make a difference and to highlight all their great work.

And I'm very, very honoured to be here again today. Thank you for inviting me to participate at this knowledge-sharing event. I'd like to have the opportunity to show my support for this very important research. I very much welcome the report on drug use in higher education institutions, which was supported by the Union of Students of Ireland.

It provides comprehensive and valuable information about drug use amongst those attending third level institutions. This research adds to our evidence base for this specific cohort and complements existing research and drug use, the national drug and alcohol survey, which was published last year.

And I think you agree that we all understand the value and the need for accurate information about our student population so we can tailor our policies and support to their needs. I want to acknowledge and thank all the institutions who took part the research teams and the 11,500 students who provided this valuable insight into their experience of drug use.

I'd also like to acknowledge the role of HEI for their ongoing support and commitment to student welfare. This research has presented us from clearly concerning results. When reviewing the report, I was struck by the prevalence of drug use amongst the student population. And in particular, that one fifth student surveyed had used drugs in the last month.

I also note, reflecting on the research with the general population in mind, that cocaine and cannabis were found to be in the most commonly used drugs and that 40% of respondents had reported poly-drug use, which is of particular concern. The number of students who reported that their drug use started in secondary school is deeply worrying to me. This underlies the vital importance of effective and evidence-based prevention and education measures to reach young people at crucial times in their lives.

I think it's also encouraging to note the reasons why many students did not use drugs. Some of them cited concerns for their mental and physical wellbeing. And I am looking forward to hearing further discussions.

The report finds that drug use can have significant consequences for students, including negative academic outcomes, increased dropout rates and delayed graduation. It can cause personal harms such as overdose, loss of life and engagement in risky sexual behaviour. And of course, drug use also

impacts a person's mental health, and it has been linked to an increased risk of depression self-harm and suicidal attempts. All of these consequences can be very difficult for individual students to cope with and also for their families, their friends and loved ones.

So, what can be done? Our national drug strategy is a whole of government approach that emphasizes a health approach to drug use in Ireland. The strategy highlights the need for evidence-based prevention and education policies to reduce the harms associated with drug and alcohol use. And as part of midterm review of the national drug strategy, six priorities have been identified, the first of which focuses on protecting children and young people from drug use and the associated harms. And this of course is also a focus of the EU drug strategy and action plan, which also includes prevention and education for our younger population, as part of its own strategic priorities.

Students themselves, support networks and social groups also play a role in an individual's attitude for drugs and support available to them. And of course, higher education institutions also have an important role in supporting the welfare of students, addressing their needs and building a positive culture. It is vital that we give young people the right information to make informed choices about drug use and encourage them to embrace positive lifestyle changes, which can improve their health and wellbeing. And the HSE has worked closely with the union students in Arlington sure. Harm reduction messages are delivered on campuses. Nationally resources are shared with universities about current drug trends and concerns to help minimize the potential harm to students every year. The HSE delivers training for university welfare officers on substance use and harm reduction. And it also maintains the drugs.ie website, which is full of up to date information on all substances and contains advice for individuals, parents, and anyone who wants to know about more about drugs and drug use.

And ahead of the summer festival season, the HSE has launched a new drug harm reduction campaign aimed at young people and students, attending Irish music festivals in the coming months, who may engage in high-risk drug use. This new campaign offers practical harm reduction information as well as advice on how to reduce the risk associated with drug use. As part of this initiative, the HSE is partnering with a small number of festivals to put in place these harm reduction programs on site. This will include teams of HSE trained volunteers who will be available to talk about drug trends and harm reduction practices with attendees while also supporting people in cases of drug emergencies, DDS teams is to work as part of the wider health and safety plans at events.

There are further harm reduction measures to consider and HSE in conjunction with the department of health established a working group to review evidence in relation to drug trends. And health responses adequate to the night-time economy. The report of the working group published in September contains a series of recommendations, including a pilot project, to implement drug monitoring strategies. The Department of Health and the HSE have since developed a pilot drug monitoring program and I look forward to engaging with colleagues across government departments and agencies to discuss how this work can be progressed in conclusion. It only remains to thank you again for the invitation here today. And I'm very much looking forward to hearing from Dr. Michael

Byrne, Dr. Samantha Dockray, Professor Eamon Keenan, and hearing the contributions to the panel discussions later. And again, I want to recognize fantastic work of everyone who made this invaluable research and today's event possible and wish you every success in your efforts to significantly improved the health and wellbeing of young people at in the years to come.

Dr Michael Byrne:

It's fantastic when a government minister commits to come to Cork to recognise the work that we've done, but also to demonstrate his commitment, to making a difference in this space. And I'm also delighted to be joined by former classmate of mine who is now professor in Trinity college, Dublin, and the national lead for drugs and drug addiction Professor Eamon Keenan. It's also brilliant to see so many of my colleagues from around the university to join us today. I think the data I'm going to share with you along with my colleague, Dr. Samantha Dockray is concerning, but the good news is that there is a roadmap as to how we might address this in the HEI sector, a lot in partnership with the HSE and with the students unions.

I'm also delighted to be joined by colleagues online, both nationally and indeed internationally. We've been joined by some colleagues from the department of health in Dublin but we've also been joined by some guests from the home office in the UK and from England, Scotland, Wales and Northern Ireland who are starting out on the journey to gather this data.

So, whilst the data we're going to show share is reasonably concerning. There's also a positive story in that the students want to do something about it. And so do we.

Slide 2:

The background to this data gathering exercise was that in 2019, the then Minister of State for Higher Education convened a small group that she identified as a rapid response group to come up with a series of actions for the third level sector, so that we could actually do something to make a difference for our students. I was fortunate to be in that group. That group made a series of recommendations, which was published by the department for higher education in 2020 and it has identified a framework for responding to the issue of use of substances in higher education. And that's a series of 16 actions, four of which would be described as core actions. And the fourth core action is after you've identified the person, after you've written a policy and designed a plan, the fourth core action is to gather the data. And we made a case to the Minister that here in Cork we had the expertise to gather this data nationally in partnership with our institutions and the Minister endorsed and funded the study, which later became known as the DUHEI study, which we're going to share some data with you today.

Slide 3:

Just to acknowledge that the team that was commissioned to do this was the, MyUSE team, the My Understanding of Substance Experiences study, which was a five-year project to develop an online tool for students to reduce harm to drug use. And this was the group that was commissioned, but

we then morphed into the DUHEI group, which included Lisa Ryan, our research associate assistant and Professor Joanna Ivers from Trinity college, Dublin, who is an expert in addiction and recovery who greatly aided and added to our research team.

I have to acknowledge two people in particular in research group, Samantha Dick, who was our research support officer who did exceptional work in making sure that this happened along with, in particular, Lisa Ryan. Without their work, this would never have been done. I think it's really important to acknowledge incredible work they've done.

Slide 4:

So, in terms of background, there were 23 publicly funded HEIs in Ireland at the time were invited to participate to. 22 agreed. Someone asked me who was the other, I'm not going to comment! I can't remember! But 22 out of the 23 HEIs and Ireland did, which is an astonishing achievement in itself, I think you'd agree.

During the period of data collection, 22 became 21. The study was conducted over two phases. This was to have been in 2020, but guess what happened in March 2020? COVID struck. And we delayed the data gathering exercise for a full year, but we then gathered it in January and March 2021.

Slide 5:

In terms of ensuring we had a representative sample, we used a strategy called probability proportional to size, which essentially ensured that the sample size was that from your institution was representative of the size of institution in terms of the overall population so that no one institution would dominate the report's results. And certainly within an institution, this technique was applied so that there would be a representative sample from first year, second year, third year, fourth year and so on.

Slide 6:

What we wanted to do, in gathering this data, was three principal objectives. Obviously, the most important piece was gathering the data on prevalence of drug use, but we also wanted to know what harms students were experiencing. And the third principal objective was what were the motivations for use their desire or their capacity to change or stop using drugs. And this will be the focus of today's presentation, but we will also briefly share some insights we got to, for instance, the use of cognitive enhancers, smart drugs by our students, and what happened in terms of drug taking as a result of COVID, which is really instructive, in terms of potentially predicting what might happen post COVID.

Slide 7:

There were 10 sections to the survey, and we have shared this with our colleagues in the UK. That's a long survey, but actually we had, as you'll see, a high response rate and a reasonably high completion rate. So we will focus today on the issues of section three, which is the prevalence of drug use. But also, my colleague Samantha Dockray will look at the readiness to change and the attitude to change and success with change. And, as I said we had a piece of cognitive enhancer, student wellbeing and social norms. A drug and alcohol recovery piece was done by Joanna, which we won't be sharing today, but it is available for you in detail.

Slide 8:

So just some headline figures, what we had 21 publicly funded HEIs reported, there was over 11,500 responses available for analysis. There were actually over 13,000 responses, but we had a data cleaning exercise to make sure that they were valid and there were 11,000 valid, which is an astonishing number of responses to be available which, actually, is one of the achievements of the survey. 60% of the respondents were female, 81% undergraduates. The median age was 21. 9% were registered with the disability support service under institution. There were mainly EU students. The response rate to the survey was 29%, which as people will recognize, that's actually a very high response rate for an online survey compared very favourably with other similar surveys.

Slide 9:

In terms of gender, this is representative to show the comparison of our response compared to the gender data in HEI. So you can see that 60% of our respondents identified as female as against their data is 53%. So, we have an overrepresentation in responses of female and underrepresentation of male. But as we know, with a lot of surveys, particularly in wellbeing areas, this is not unusual. It may be a cause for potentially confounding data, actually, because as we'll see the drug use amongst males is actually higher than in females. So when we're reporting the overall cohort, we may actually be underrepresented the actual drug taking on the street because there are perhaps some males who did not respond to this study. So that's important to keep in mind.

Slide 10:

In terms of some of the year groups, this yellow was the target sample that we calculated would be the representative number of students in each of the years that we wanted to answer. And the blue represents those who did actually answer. So, broadly speaking, our statisticians are happy. That's reasonably representative, slightly over reporting by the first and second years telling off in third and fourth. In terms of our disability support service, we said 9% of our participants were registered with disability support service. 8.6% is the actual figure rounded to nine that compares with a, a national figure of 6.3% of the student population registered with DSS. So there's actually a disproportionate return from our students, registered disability support service, and that might reflect the challenges they face.

Just to remind us when I'm going to showcase the data today, we define or categorised a person's drug use according to answer to a simple question in section three, “Do you use, or have you ever used drugs?” If they said no, they were rooted down the “never user drug use” pathway. And those who had used drugs within the past 12 months were included as either a “recent user” or, if it was within the past month, as a “current user.” Now, given that there's an incredible density of data here, we are going to focus today on those at highest risk - those students who've used drugs in the past month, those students who have used drugs in the past 30 days, as well as referring to those who are recent users.

Just some interesting take home messages around the academic challenges that universities face and institutes of technology face. In being fair, we asked our students do they use smart drugs? And anecdotally there was a concern that there was an overuse of smart drugs. In our student population that didn't actually bear out in the study. Less than one in twenty of our participants actually said they had used drugs to improve or enhance their performance fact. It's less than 1 in 30 - 3.4%. So, I think smart drugs and cognitive enhancers are not as big an issue as we previously identified. However, if you looked at those who were current drug users for recreational reasons, they were anywhere over three times as likely to be using smart drugs. And there's two patterns of use twice a year, which suggests that exam times, or actually daily to weekly use. And that was most the current drug users. So they were using it on a daily basis to enhance the performance. So it's not something to be dismissed or ignored.

This is a really important slide. We asked the students what happened to their drug use in terms of frequency and amounts in the previous 12 months. And of course, that was the first 12 months of COVID. And if you look at it here, we've got no answer from over a quarter of them, but for those current drug users and recent drug users, those who had previously used drugs in the previous 12 months, we asked them if it been more than it was previously, or less. So during COVID in the 12 months prior to doing the survey, 25% of our students increased their drug use 13% remained unchanged, but 35% decreased.

Slide 11:

So effectively the data we're going to share with you today, potentially, again, under-represents what will be the post COVID situation of what was the pre COVID situation.

Slide 12:

Because in fact, we were surveying them during a period when there was a net reduction in frequency and in amounts in drug use. So that's really important. The data may even be even more concerning and I'm sure that will be re-confirmed post COVID. There is some anecdotal evidence that the use of drugs has increased and it has real cause for concern

Slide 13:

Just in terms of the overall cohort of our students, just 43% of our students have never used a drug at any stage in their lifetime, which means over 54% of them have. About one in five, at 19.4% had used a drug, but it was over 12 months ago. About one third of our students had used drugs in the previous year and one fifth had used drugs or using drugs in the previous month. So, one in five of our students could be identified as a current drug user.

Slide 14:

If we look at this by gender, and if you look at the yellow, part of the columns here, you can see broken down by gender that about one in six females would be identified as current drug users. Whereas one in four males will be identified as current drug users. And those who identify as other gender have about one in four who would be current drug users. We know from other studies that those identify as non-binary have a higher rate of current drug use. So it's a matter of importance to take account of that. In terms of by year of study, there was a previous notion that drug use peaked in first year and second year. But actually, the data doesn't support that. The data suggests that year on year are students are taking more of our students are taking drugs, so that in yellow, there, in terms of being a current or regular drug user in first year, it is about one in six in second year, comes down to one in five students. And in third year and fourth year, one in four of our students have taken drugs in the previous month.

Slide 15:

So again, that's, that's just a highlighting that there - it actually rises year on year from first to fourth year. So, we no longer can say this just a transitional thing. And we know socially post leaving university and Institute of technology drug use continues into the outside world.

Slide 16:

In terms of those students who are registered with the disability support service, if you look at the pink, you can see compared to those who are not more of them are identified as current drug users or recent drug users. So more of our student registered with disability support service have been using drugs compared to those not registered.

Slide 17:

And the drugs they're using, well, I use the pneumonic C, C E K. So it's in order of preference of the top seven drugs, cannabis, cocaine, ecstasy and ketamine in that order, and then mushrooms, amphetamines and novel psychoactive substances about over one in two - 51.6% - of our students have ever used cannabis. One in four of our students have used cocaine at some stage in their life. One in four of our students have used ecstasy at some stage in their life. And it's about one in six for ketamine, one in eight from our students and one 10 from amphetamines. So, you know, when you sit and watch a classroom in front of you, and it's a small seminar with eight in a row, well then, you know, at least two of them have taken drugs at some stage. It's astonishing, really, when you consider it that way. And the big take-home message for me here is the increase in cocaine, which is

now displaced ecstasy as the second most preferred drug. The interesting thing is this order of preference continues between those who used drugs in the previous month, those who've used drugs in the previous year or those who've ever used drugs, the same order of preference continued through all cohorts.

Slide 18:

In terms of what the students thought it impacted their overall student experience. If you look at a yellow in the pink, these are the students who believe that drugs have a positive experience impact on their lives. So even of those students who take drugs, about 7.1% say they have had a really positive, somewhat positive or extremely positive, which means two thirds of our students believe drugs have a somewhat negative or an extremely negative impact on university life. So the students are telling us themselves it has a negative impact overall.

Slide 19:

So moving on now, just before I hand over to Dr Dockray to look at the really interesting stuff is to look at whether students willing to change or whether they want to change. Let's have a look at other things. So why do you think students take drugs? We asked our current users, why did they take drugs and essentially in almost all drug types, it's for fun students do this because it's enjoyable and that's what they tell us. And we just have to accept that if you're not a drug taker, perhaps you don't understand that, but certainly if you drink alcohol, you'll understand it's fun. Most people find intoxicants intoxicating. However, the interesting one here for me is for the current drug users, the blue is cannabis, and this is the one cohort that use a drug other than to have fun. And the main reason current drug users use this is to relax. So, they seem to be self-medicating, as we'll see later on, through cannabis use, although we know from experts that that's a real risk.

Slide 20:

This is a really important slide, which looks at when university and Institute of technology and college students start taking drugs. Well, the majority of drug types are commenced when they first come to college, from the ages of 19 to 21. Except of course, for students who go on to be regular current users of drugs, the cannabis is started by that cohort between the age of 16 and 18 in over 51%. And ecstasy has been tried by our second-level students between the age of 16 and 18 long before they ever got to university. In fact, one in 4, 25.9% of our students who end up as current drug users have had cannabis for the first time under the age of 16. So that Minister and Eamon will know is one of the areas we must tackle beyond the walls of our universities and institutes of technology.

Slide 21:

How often are current users using drugs? Well, we asked our students how many times in the last 30 days have they taken drugs? So, this reflects in terms of cannabis about twice weekly, which is eight days over 30 days, in average, whereas with cocaine, extasy, ketamine and amphetamines, it was

between one and two days a month, they were taking cocaine or ketamine or amphetamines, or as we'll see in some occasions more than one. That's a frequency of concern.

And again, just to show, what are the drugs that those who end up using drugs regularly: 98.1% are using cannabis, nearly two thirds of them, cocaine, nearly two thirds of an ecstasy, nearly half of them ketamine. And so on. Again, the same order in the other group, with others: prescription drugs featured, as did cocaine, heroin and other concerning drugs. But, these are the ones that ranked.

Slide 22:

Now we're on to a particularly concerning point when we look at what harm is doing to our students. Most of our students believe it doesn't do any harm, but we asked our students to complete the drug abuse screening test 10 item questionnaire, and over half 52, 1 9% of our students or current drug users are moderate or substantial risk of harm. So this is an evidence-based validated estimation of the risk of harm our students are experiencing.

Slide 23:

Just to show the type of questions we asked on a particular importance in the drug group, abuse screening test. The one that's particularly concerning is over 40% of our current drug users are using more than one drug they're engaging in poly drug use. And that in itself is an independent risk factor.

Slide 24:

We ask our current drug users, if it was having impacts on their lives. You'll see here, the teal coloured bar system, that essentially they thought it was having neither positive or negative effects on their, a whole range of domains of their lives. If you focus on the Navy, the blue and the grey, that's the negative and positive effect. And if we eliminate the neutral position and then just look at the relative negative versus positive effects for those who use drugs regularly, well in almost all domains, the negative is about twice as likely as the positive in terms of their thinking. It's twice as likely to be negative in terms of their impact on their study and their academic experience in terms of their work and their physical health and finances, of course. It's interesting to see that two areas identified as positive by current drug users are socializing. So, it helps them enjoy themselves. But of some concern is that they are identifying that drugs are actually positive for their mental health. So going back to the idea that they seem to be self-medicating and that they are getting by treating a mental health distress with the use of drugs, or at least that's what they believe.

Slide 25:

This is my last slide for the time being, which I think is one I've cited on a number of occasions because the last landmark study that was done on lifestyle and attitude and behaviours of students was over 20 years ago by colleagues of ours in Galway. And this is the College Lifestyle and Attitude

Nationwide Story study in 2001 and 2002. So, there is a twenty-year gap. And I suppose the interesting changes to note in terms of prevalence of drug use is that the prevalence of drug use of a cannabis that that's 12-month past year cannabis use has changed from 37.3 to 30.2, but I would have a caution around that in that the cannabis being used now is an exceptionally different molecule than the cannabis that was being used 20 years ago. But nevertheless, it's about the same. And again, a bit of reduction in 30-day use, but the one particular concern is the cocaine use in the past 12 months. It has tripled travelled in prevalence over the 20-year period. So, we know cocaine on the street is making a real difference to our students' lives and we have the data to prove it in terms of how frequently they're using it.

Slide 26:

I'd like to hand over now to my colleague, Dr. Samantha Dockray who is going to take us through to the end of the presentation when I will re-join. And Samantha will look at some of the really interesting stuff.

Dr Samantha Dockray:

Thanks, Michael. And hello everyone. I'm going to talk a little bit more about the psychosocial and psychological aspects of DUHEI and the kinds of questions we ask students about what they thought, what they felt, what their attitudes were around their own drug use and around the drug use of their peers and other college students across Ireland.

So Michael's done a great job in reporting the actual data. And now I'm going to talk a little bit about what students think. What did they tell us bearing in mind that this was a very structured survey? We asked them, “How are you, what is your mental wellbeing? What is your physical wellbeing?”

We asked, “How much do you know about the risks and harms of drug use as well as the benefits that they talked about? Are other people worried about your drug use? Are you worried about your drug? Have you tried to stop, have you even thought about stopping? What would prompt you to stop? What would prompt you to give it some thought? And if you did want to stop, what would you do?” So of course, these are all really important for us to know when we are thinking about how we support students to have positive wellbeing. We know that students, as Michael has just shown you, think there's a net or a neutral effect. Most of them think there's a neutral effect of drug use on their wellbeing. The data tell a different story when we ask them to reflect upon it in a very different way.

Slide 27:

So, this is based on a seven-item measure of mental health or psychological wellbeing. More than 2000 students did not respond to this aspect of the survey, which I think is interesting in and of itself. And those of you who ponder about why we get missing data in surveys of this kind might be wondering why wouldn't they answer these kinds of questions? They're prepared to tell us that they use ketamine, that they’ve used heroin and they don't want to answer questions about this psychological wellbeing, but 1600 did. And they were asked questions. You can see some example

items up there on the screen. “I've been feeling optimistic about the future. I've been thinking clearly.” And we see that most of them have moderate wellbeing. I might think, “Well, that's not too bad. It's moderate!” Moderate wellbeing is probably not what we want for our students. It's not what we want for our ourselves. I suppose most people aspire to have high levels of wellbeing, but less than 10% of current users report themselves as having high levels of wellbeing. Almost a third come out as having low or very low psychological wellbeing.

Slide 29:

When we look at all respondents though, through your own observations, through your interactions with the student body as a whole, or through your reading, you know that we have a student population who are reporting that they have low overall positive wellbeing, that they have difficulties with mental health as an entire student body. And this is what the, the DUHEI data show as well. This is broken down by user types. So far we've been really looking at the current users. This is the recent users, prior users, never users and overall users, and it may look there on screen as though we don't have significant differences between people based on their user type, that we have about the same number of people who have low mental health or high mental health across all groups. And I think that's probably indicative of the concerns we should have about the student body or about young people generally. We haven't yet finished the statistical analysis of these, of the data. But the, the preliminary findings indicate that there will be differences. We can't say at the moment, whether or not there's a causal relationship between drug use and mental health. But we know that students who are currently using drugs or who have recently used drugs, are more likely to have low mental wellbeing.

Slide 30:

I’m a health psychologist so, of course, I’m interested in how we can support people to change their behaviours so that they move towards positive physical health, positive mental health. We need to know how ready they are to change, if they have thought about changing and we measure it according to the Readiness to Change Scale. “Have you even considered it? Are you considering it? Are you preparing to change? Are you in the action phase? Are you actually doing something about it? Have you relapsed?” The majority have not even considered changing their drug use behaviour. They're saying it hasn't crossed their minds – they haven’t thought about it. A handful of them are in contemplation phase. Maybe I will, maybe I should. There's a very small number of our current users and just over 20% are in action phase, meaning they're actively doing something to try and change their drug use behaviour. I will say that that doesn't necessarily mean stop. It may mean change what drugs they're using or the frequency.

Slide 31:

Now, ask them if they're not interested in changing your behaviour, why aren't they interested? Bearing in mind, this is a cohort. The age profile of them indicates that they have been the audience of a number of public health messages about the dangers of drug use for their physical health, for their mental health and for their social experiences. They've heard these messages. So why aren't they interested in changing their drug use behaviour? And they say, “Well, I don't want to. And it's because I don't use it that much. I don't think it's harmful. It helps me, it helps me have fun. It helps

me relax. It helps me with my mental health." And they also say, "But I do it in a very responsible and controlled way. So why would I consider changing it? If I feel that I'm managing a behaviour, which has no real negative effect on me."

Slide 32:

Of the current users, about a third said that that they would have a desire to reduce their drug use. And again, not to stop necessarily. The majority of them said that they do not want to, but what we want to know is if they are considering it, what might kinds of things might prompt you to consider changing it? Participants showed concerns around physical health, mental health, finances, and then just under half are concerned about their academic progress, the effect it might have on their career aspirations, including the legal implications of using illicit substances. But generally most of them are not interested in changing. But this indicates some of the things that we might be considering in our messaging to students about the benefits for them to reduce or stop using drugs.

Slide 33:

One of the reasons they may not be concerned is that they report having very few messages from important people in their lives, that it could be a concern. So for the current users, very few said that anyone had ever spoken to them or raised a concern about their drug use, not their family and not their friends. A small number who said that, "Yeah, more than a year ago, someone said to me, maybe you don't want to do that." And about another 200 said that it had happened in the past year. So very few of them are getting social messages that their drug uses of concern. And it may be that their family doesn't know, and it may be that their friends are also using drugs. And why would they raise a concern? We look at the recent users and we see a very similar pattern. Most have never had someone say to them, not a family member, not a friend, not a medical professional, not a counsellor, that they're concerned about their drug.

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That may explain why so few of them have made any attempt to change their drug use behaviour. 40% say they had not ever attempted to change their drug use behaviour. Just over a third said that they had. You can start to see if you're kind of keeping track of the numbers, how it doesn't always gel. One of the things I'm going to draw your attention to is for, for most of our students, this is the first time someone has asked them to report and reflect upon their drug use to reflect upon their thoughts about it. Not just "Do you do it?" or "Don't you do it?" but "What do you think about it? What drives that behaviour? What might get you to change now?" See, there's an enormous amount of work that is being done across HEIs in Ireland to draw students attention to the risks and potential harms.

Slide 35:

And that will lead them to consider and reflect upon their behaviours. So we wondered what kinds of things might prompt them to consider changing? Participants say the kinds of things that you might anticipate based on the data that we've already seen: mental health, physical health, legal,

pro legal implications, it might affect their career. Only 40% of current users are concerned about academic performance. Think about the messaging that students get - that drugs are fun drugs - and what risks there may be, or a previous negative drug experience or the impact they have on body image, or a small and a smaller number impact on finances. But 55% of them are saying very clearly in this survey, "I don't want to, I don't see the need."

Slide 36:

So, again, this is the current users. Of the 55, who said, “well, maybe, maybe I'd consider it,” we asked, ”What would you do if you were going to change your drug use?” What kinds of things might you do? And they say, well, I'd have to avoid certain environments. I wouldn't go to house parties. I wouldn't go to bars. I wouldn't go to clubs. I wouldn't hang out with my friends. I wouldn't go for game night. Almost half of them say that they'd feel that they'd need to take up a new hobby, whether as a distraction or as part of changing their social kind of network and context. Just over 45% said, said that they would look for information online. So, this isn't just a generation. I don't want to talk about them being the digital generation. We're all the digital generation. We all know how to seek information. They say clearly that they would look for information online, that they would seek to learn about the potential risks and side effects. And this is interesting, because this is a group who say that they know a lot about the risks of drug use. There's a lack of accord, here, when they say that they know a lot and think they’re safe and the actions they would take, like finding out information about what the risks actually are, if they were to consider changing. 40% say they'd have to change their friendship group. They'd have to find new friends and all of these, most of these people, most of our students are in the stage of emerging adulthood, emerging adulthood, where friends and the social context is crucially important to them. It's a very scary thing for many of our students to think about changing their friendship network, joining new clubs, new societies. And to think that if they try and change my health behaviour related to drugs, they will need to get a new set of friends. They think that they will need to stop doing all of these things - that is their social support network and they'll need to change their environ. And students often don't have a lot of capacity to change their environment. So avoiding certain friends and peers, avoiding environments is a significant challenge for students. And when we are supporting people to change their health behaviour, we need to think about the environment in which this health behaviour happens and why they're tied to it.

Slide 37:

A good number of students, in the current and recent users groups, interestingly reported that they had successfully changed their drug use behaviour. About 7% of those said that they were unsuccessful, but 85% said that they were successful in reducing. So not always stopping. That might mean that they stopped using ketamine, but continue to use cannabis. For many of them, it took more than one attempt to change their drug use.

Slide 38:

So of those who had attempted to change it, what did they do? Again, here, they could select multiple items from a list. We generated this list based on our pilot work that we had done with college students, about the kinds of things that they would say people would have to do. Many of

them avoided environments, avoided friends and peers took up a new hobby, just stopped or set goals. From a health psychology perspective, we know that it's very rare for people to just stop – to go cold turkey. I'm not suggesting that this is the situation we have here, just to decide, "I'm not going to do that anymore," considering how much effort it takes to even change a relatively small health behaviour that may not involve changes in our friends or our environment or our social network.

Slide 39:

And this is a very interesting one here. So, we asked students about their perception of what supports they would need to change their drug use behaviour. Current users say face-to-face supports would be best and more effective than other types. Current users say education is the least effective intervention and professional counseling would be the most effective. This is a pattern that we see across other health behaviours as well, whether it's support for people to increase their daily movement or to change something about their diet or to change any health-related behaviour. This is the pattern that we see, and I'm not suggesting at all that professional counselling or education are better than any others, but we have to tailor the intervention to what, in this case, the students need. What do our clients need? What is the research evidence suggesting that how we can support people to change behaviour? We see that current users prioritize face-to-face over online.

Slide 40:

As I come to an end now, I really encourage you to pour over every page of that report as we have done night after night. There are patterns that emerge - the data tell one story, but when we start to look for patterns across the data, we see something different emerging that would really do us well and pay a lot of dividends to think about what students are reporting. We know that most of them have not thought about changing their drug use. When I summarize it like this, the generic student or, or the student body, is saying that most students use drugs – that it's normal. It's just part of student life. The challenge for us is how do we respond to that? As a body they're saying, "I don't want to stop." The current and recent users are saying, "I don't want to stop, but I actually haven't really thought about stopping. If I wanted to stop, I could easily do that." That's what they're saying in the data, but they've never tested this belief. So it's likely a false belief. "I think face to face counseling is effective, but I'd look for my information and education online."

So when we see these tensions or this lack of accord between what they do, what they feel and what they think, this is where we need to dig deeper. For me, this is one of the challenges we face when we think about so many of our students and their social networks and the environments in which they learn and work and play, so to speak.

"If I tried to stop, I'd need to change so many things about my world, my friends, my social network, my environment." And, for me, that rings very loud and clear about the kinds of aspects that we consider and how we support student wellbeing.

Slide 41:

At the beginning, Michael talked about the recommendations that the project team made and you see the four of them here on screen.

One, that we have a framework for response for the use of illicit substances in HEI. We need to implement the actions that are described in that. We should think about the healthy campus framework and embed actions, embed supports, embed interventions to respond to student use of drugs and alcohol. And we should draw upon the expertise and experience of colleagues in the health services executive when we want to implement actions related to drugs and alcohol. We should be working in collaboration with the HSE, who have expertise and experience.

This data is the largest, most significant survey on student drug use in Ireland ever. Before this, we didn't really know what students were doing, what they were thinking and what their behaviour was. We now do for almost 11,500 students who represent the student body. In five years, we should do this again. By having that data, we can plan and tailor appropriate interventions and supports for our students so that we can promote positive wellbeing for all of them.

Slide 42:

In the DUHEI project, Michael said we started years ago. It feels like decades ago sometimes, but it was done with the very direct and expansive support of a number of people including those from the Department of Education and Skills and other people that you see listed there.

Slide 43:

I want to highlight the support that we've had in working in partnership with the UCC Students' Union, as well as the Union of Students in Ireland and student leaders across all of the HEIs that participated. And also the 11,500 students who took the time out to respond to what was quite a lengthy survey act, which asked them to reflect on things that they may not have reflected upon before and asked them questions about their psychological health, as well as behaviours that they may not feel comfortable with. Those students contributed to this report in a very kind of meaningful way. And we are very glad for it.

Slide 44:

So now I'm going to pass the microphone onto Professor Eamon Keenan who is going to give us some reflections based on his expertise and experience in working in this area.

Professor Eamon Keenan:

Thank you very much and good afternoon, everybody. Minister, ladies and gentlemen, first of all, I would like to thank Dr. Michael Byrne for inviting me to speak here this afternoon. This event is

given us really, really important information in relation to drug use in higher education institutes in Ireland.

And it's important that this information is then communicated to the wider audience through the online platform this afternoon. The survey arose from a recommendation made by the rapid response group that Dr. Byrne mentioned set up by the then-Minister Mary Mitchell O'Connor in 2019. Michael was a key driver in this work and I have to acknowledge that. He really identified the need for the facilitation of national level data on drug use in higher education. And I know they have glossed over it a little bit, but significant congratulations need to go to Dr. Byrne and Dr. Dockray for completing this work over the last two years, Michael mentioned that this pandemic came in our way in March 2020. And, and then we moved on and between January 2021 and March 2021, we got all this data back. But if I remember rightly there was still a pandemic going on in January, 2021 to March, 2021! So the fact that they were able to progress this work early in 2020, when we were still living under restrictions, which were impacting our work practices and logistics - I don't know how they did this! They were able to obtain engagement and buy in from nearly all the HEIs nationally and their social media strategy was so successful that they got remarkable participation of nearly 11,500 students. They got great support from the USI. And I must say it's really important that that link with USI is progressed and expanded because we've had really important links with HEIs over the last number of years in relation to harm reduction information. Sometimes I feel that they've felt like they're crying in the wilderness, but I think they really need to be supported in developing the messaging.

This sample size is higher than our national prevalent survey. It's higher than the European web survey, which has, I think, almost 6,000 people. The fact that they've got 11500 is really important. The findings that they've identified are really important. They've mentioned the LAN report and that's a generation ago really - you're talking about 20 years. And that has been the only obvious comparator to this research. And so this raises interesting comparisons that we've been able to look at. And the one thing that really stood out is the rise in cocaine use in between the LAN report and this report. But that's also something that we've seen within society and that's reflected in the student body and. Minister Feighan has been instrumental in getting some initiatives board in relation to cocaine for this society and for our services. And I think we need to look at what's going on within services for the student population as well. The general population service that we'll normally be working with doesn’t provide us with the in-depth information about specific groups within society that allow us then to target them. Hence, we've got this higher percentage of current, or recent, drug use within the student population compared to the young people within the general population survey. And this is very relevant when we come to the responses needed for this sector.

The fact that this is national data, I think should go some way towards providing comfort for the higher education institutes to be able to respond to the issue of drug use. I think sometimes the higher education institutes have had a tendency to shy away from the fact that drug use is happening within our population because maybe they feel that if they acknowledge that there's drug use going on in their campus or in the university, people won't send their children to the university. The reality is that this is a national survey which identified drug use right across the higher education institutes. So, therefore the claim that “drug use doesn't happen in my Institute,” is not relevant anymore. I think we really have to look at that. It shouldn't be used as a barrier to implementing drug and alcohol specific policies within the HEI sector.

There's a few specific points from the report that I just want to look at and mention that four out of ten current users reported poly drug use. We know that that's a risk factor in terms of overdose and significant harm associated with drug use the use of cannabis. And although it dropped, maybe from the LAN report, cannabis has changed. It's much more potent than it had been 20 years ago. And the other thing that we're seeing emerging in relation to cannabis is synthetic cannabinoids. This year, for the first time, the Forensic Science Institute looked at cannabis laced with synthetic cannabinoids and found them to be much more harmful in terms of mental health problems.

During the past 12 months, use of ketamine and new psychoactive substances, at 9.5% and 3.1%, which didn't exist in 2003. So that's the thing that's happened. That's a change that's happened in our society. And certainly within our festival campaign that the Minister mentioned, we do know that ketamine use at festivals and in the night-time economy is a significant problem. One in four current users reported using cannabis when they were less than 16 years old. So this goes back to the education sector. It goes back to secondary schools, and it goes back to the Notice Bpoard resource that is there. It's really, really important that that gets implemented right across the seconded secondary education sector so that, at least, we're starting to embrace prevention at an early stage because we're saying with the results of this study that drugs use is starting at an early stage. One in three recent users, and one in two current users, were at moderate and substantial risk of harm. Now that's a significant number - one in two current users at moderate or severe risk of harm associated with their drug use. And that's an imperative for all of us to really produce a response in this area. I think it's important also to know that 43% said they've never used drugs and that's really good. The reasons why they haven't used drugs have to be looked at too: mental health problems, physical health problems, but also the legal repercussions. And maybe that gives us pause for thought and to think about the views and attitudes that are expressed right across North America, perhaps, in relation to this issue. The desire for face to face interventions is something that we've noticed from a clinical perspective, I suppose, as we went through COVID. And as we went through the responses that had to go on, and treatment that had to go on, more and more people became used to telehealth and providing interventions using social media. And intuitively you think that young people are the ones who are going to be embracing this because they're so used to Facebook and social media. You think it would be really easy for them to engage with a healthcare professional over social media, but that's not what they want. And we find that clinically, they're the group who are saying “No, I'd prefer to meet somebody face to face. I prefer to sit down in a room with somebody and talk to somebody about my problems.” I think older people are more comfortable looking at using the social media platforms to engage with the healthcare profession, but younger people aren't And maybe that is because they spend so much time in an alternative world on social media that they do need that connection.

But that raises the point - where are they going to get the face-to-face interventions? We know that the 2010 report identified that there should be one counsellor for every 1000-1500 students. That's not the case. We're lucky to have one to every 2500 students. So we really need to look at that sector. Students are asking for interventions face to face interventions around counselling. First of all, do we have them? And secondly, do the counsellors see kids and see young people who have drug related problems - they may not. They may feel they don't have the expertise to speak with somebody. They're happy to talk about anxiety problems. They're happy to talk about depression,

but talk about drugs? “Oh, well, that's not really for us.” So I think there's a work to be done there. And that work is within the higher education Institute sector, but also with health service support.

And I certainly re-welcome the recommendations and the acknowledgement that the HSE would have a role in supporting the higher education institutes to develop the actions and policies in relation to drug health, alcohol use within the healthy Campus framework. And that's really important. That's where we want to be involved. There's a network of HSE addiction services and local and regional drug and alcohol task forces right across the country. Many of them are already engaged with a higher education institutes. And if they aren't, then I would suggest that either the task force make contact with either the addiction services or HEIs make contact with the local services because they're out there and they do want to get involved in this space and they really need to get involved in this space.

This survey has identified that there's a health risk within the education sector and the departments of health and education should be collaborating here on a joint response in relation to this problem, but they need to involve the students and they need to involve the community addiction services. And the HSE are happy to work with them. So, congratulations once again to Michael and Samantha and the team on this great work. It meets the need of our national drug and alcohol strategy, but more importantly, the fact that it's planned to be repeated at regular intervals into the future will allow us to be able to determine the impact and any interventions that we put into the spaces it was going to have.

So, I welcome the report. I look forward to working and progressing the work with Michael over the next few years. Well done to everybody involved.

Panel Discussion:

Dr Michael Byrne:

Thanks. I think there’s powerful support here for the need to address the issue and it will be good to work with our local task forces and our local services. We're about 10 minutes behind and I apologise for that, but I suppose it's reflective, potentially, of the level of interest it is and the depth of data. But we do want to have perhaps a 20 minute, or 30 minute opportunity for the panel to answer any questions you might have. I have one or two myself, which I'm going to pose to the panel, but I'm going to invite the panel up and join us.

So Minister Feighan, Eamon, UCC Students’ Union President Asha and our SU welfare officer, Caoimhe, who's actually going to represent students as a member of USI next year.

You know, this is something that we need to build on - something that we can't walk away from. Gone is the day when you think it's just okay that students are just having once spliff or whatever. This is not the reality in third level. So, I think the first thing I'll do is I'll just turn it over now to our students' representatives and ask Asha to begin as UCC student union president, maybe to give a student's perspective on what they've heard and your idea of the impact on the streets and on the work that you do as a student leader.

Ms Asha Woodhouse:

Yeah, so from perspective officers, peers, the students, even an awful lot of disclosures and things like that. So we see a lot of the reality, I suppose, on the ground. We see the kind of day to day on the ground reality that students are experiencing. So, you know, these data really have captured what we're seeing every day.

What we really see over the last years is our use is on the, so students, and I think for us how this data having such a comprehensive and in-depth study done is so politic for us because a lot of the time, you know, when we are telling these stories of students seeing on the very silent like, and, you know, policymaker decision makers, they want data.

And to back up the decision making that they're doing. So this kind of report is just invaluable for us to actually get things across the line, get to the support they need.

Ms Caoimhe Walsh:

What I've seen, like, you know, groups. like that drug abuse is definitely has increased. And I think it's really by it's really great that the support done, especially cause obviously that's years knowing is really needed. and it's great to have like statistics and back like what, what we're seeing and what people are cause, you know, obviously we, I got a lot of people come in and like fail, disclose to me.

And now there's something that we can back up with is just so like beneficial to, student unions and upstairs. And especially just anyone across board, we have information back up and course. Yeah.

But yeah, next year now in July, I, we start with the school. So I'll be working with more colleges than just UCC, really interesting. See how they go.

Dr Michael Byrne: Okay. So, it's really helpful. So clearly, a call out for using the data to make a difference from the students' body themselves. We've got a few people in the audience - Sean Millar is here and we have someone from the HRB. Sean helped us with the report to the next job of proofreading.

Sean also does some work at a European level and maybe is able to comment on how this data fits or is, you know, resonating with the European data, with the European centre for monitoring disease and drug addiction. So, Sean, I don't know, we have a roving mic, but you probably have a booming voice just like I have.

So do you want to give it a go, Sean? Thank you. You've got Martin beside you. Is that right? Yeah, but use the booming voice anyway.

Dr Sean Millar: I'm responsible for recording on prevalence of drug use in items. We do that every year in national reports. I want to congratulate Michael and the entire team – it's a fantastic survey. I'm very happy and pleased to be able to report. I think they are interesting findings?

I think it's very interesting that you've shown that an online survey can be effective tool to collect data, not just on patterns and attitudes towards drug use, but also on prevalence of drug use. And that's especially the case with a student survey. All students would have email and access to the email.

We talk about this is the first time the surveys would conduct Ireland the largest survey in a very large sample. So actually also the first survey this decided to been done in Europe. So congratulations on that. So when you're asking for me, what are other countries finding, I cannot tell you, but I'm very happy again, to be able to report today.

Congratulations. Thank you very much also. I agree with the, the last recommendation we made in the report that this survey should be repeated over five years. I think it's clear in the usefulness of collecting value and reliable data on a regular basis so that any intervention can be effectively monitored. So again, thank you.

Dr Michael Byrne:

Thanks Sean. Minister, I wonder, do you have anything to say, having heard all the data and having, you know, heard the comments of the students in terms of using the data and how the two departments of health and education might work together to implement the framework, to respond to illicit substance use from her level Minister?

Minister Frank Feighan

: I do. Mr. Thank you. And first of all, reassuring, this is first in Europe and repeat five. I think that's very important and just quite concerned, is that 5% 16 and also this doesn't just. Uh, I just think that there is, there's lot of things happening regarding, new campuses. I think there's a lot of actions, also, huge expertise and I've collaboration agencies and collaboration go. And then all I can say is that card time and, and we've got the task forces.

Dr Michael Byrne:

I'm delighted to hear that Minister. And I will assure you that this meeting has been recorded! I might just turn briefly to David Lane. David Lane is from the local drugs and alcohol task force that has been a great supporter of us here in UCC. We did a, a lot of work at the terms of NAS, when we were hitting peak alcohol and David helped us here in establishing the REACT program, which is in absence, but will be revisited as part of the healthy capitalist.

Mr David Lane:

Thank you for the invitation to be here. You know, really interest in this whole area of work and our collaborations believe have been really important. I think particularly when consider, the work that we did on, the public act as well, a number of years back. I think what's really important in terms of the lessons from things like that is that we need to really invest in things that will make a difference.

And we know in terms of research, that's been done through the us and that there are certain things that are complete wastes of time, and there are the things that can be very effective in terms of the application resources and supporting people who need them. You know, that's a massive piece of support that you've been involved with over the last couple of years.

And, I'd certainly be taking my time to read this. And I'd certainly be looking at how we can collaborate in terms of recommendations that have been made, and the change in shape as well of the, I suppose, services that we provide across partner caring, certainly we can significantly change ourselves in terms of building the infrastructure in terms of drug health services.

And currently there's a lot of significant investment happening as we speak in terms of strengthening that infrastructure. I'm, as I said, really, looking forward to working with you on this for the couple years, we've done bills all the media in terms of all you involved in, putting this together. And I'm really excited about, you know, work that we can do together in a few years' time.

Dr Michael Byrne:

David, thank thanks very much. It's great to have your clear support. I do look forward to working with you. I think it is, I suppose, a challenge for the HSE when it's busy doing services for everyone. And they look at a third level sector, I think.

Sure. They're fine. They'll be able to look after it, but actually we don't have the resources and more importantly, we don't have the expertise that you have in the HSE. So it's about working with you, uh, and ensuring that our students access the support and services that they're entitled to as citizens of the state.

And that I know you're happy to coordinate and deliver for them in partnership with us. I'm having probably a bit of challenge in terms of getting any comments to the chat, but I think we're coming towards a natural end. I think what I will do is finish up by saying we will have tea and coffee ground who wants to wait and get a physical copy of the report.

I want to finish off by thanking in particular, the members of the MyUse research group who began some work five years ago to try and develop something that we hear may not be as effective as face-to-face intervention. And we have no claim to suggest that what we're going to showcase you now is as effective as a one-to-one intervention for someone who needs a one-to-one intervention.

But what we have done is we have developed an intervention which can be rolled out to thousands. If it is engaged in the second or third level. And this is a online tool developed by experts from applied psychology, public health, health information systems, and student health. And before I do, the last thing I want to say is the people who deserve most credit for the DUHEI report are Samantha Dick and Lisa, who I think deserve a round applause.

So we're getting some lovely online claps as well. Isn't that fantastic. So just to finish off two minutes to show what we've spent five years developing university college co, and the Minister and Eamonn might be interested in this. It is an online tool which has a strong theoretical basis and algorithms, which applied psychologists developed that I wouldn't have a clue of as a simple primary care physician, but I do believe they work.

So this is the, MyUse tool. And why. That is a very short snapshot view of what has been five years into development. We actually have been rolling it out and used to see in the past year, it is targeted intentionally at all students, because it is really important that we enable those students. Who've chose not yet to use drugs, to make mindful decisions about whether they wish to in the future so that their behaviour patterns can be reinforced and their choices emphasized whilst also engaging in a harm reduction manner with those students who chosen to use drugs so that they may do so in a lower risk situation.

Can I particularly thank those of you've joined us online from Ireland and overseas - we've really enjoyed this. And I would say at 15:31, I'm delighted to draw this knowledge exchange forum to a temporary close because it'll be coffee and networking opportunity. And I would encourage those of you who haven't had an opportunity to comment online, to perhaps engage via the chat.

And we will revert to you with some comments I'd like to thank the Minister and Eamonn and our student union representatives and Samantha for joining us today. And indeed, thank you all my colleagues here from UCC and beyond in showing your support for this important initiative. And I wish you well enjoy the rest of the afternoon. Thank you in particular. Thanks to Sarah for solving the technology. Thank you very much.