

**Governance and Public Policies: Challenges and Opportunities in the
European Union**

Project Based methodology – 3rd Term 2021

**Assessment of UPF's policy in the scope of SDG 3.5: How
UPF is dealing with the harmful consumption of
substances**

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INTRODUCTION

Selection of SDG 3.5: main arguments and relevance

Health is said to be one of the most important things in life; precisely because we understand how significant health has become (and indeed, *is*), and aware of our lack of expertise in health-related issues, we wanted to contribute to its assessment focusing on a population target that we know quite well: students. And when thinking about the challenges the youth faces when it comes to its well-being, substance abuse, and increased use in the last years remains without a doubt one of the main issues we face as a society.

The setting we specifically aim to assess is Barcelona, one of the most vulnerable cities regarding SDG 3, especially in target 3.5, that aims to “strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol” (United Nations, n.d.). The reason behind this occurrence is thought to be the locational aspect of Barcelona and weather. 's. Mild weather, around 22°C, tends to have a direct effect on the citizens' lifestyle. It is one of the best places to have an outgoing social life. According to Spain's official tourism website:

“It's very common in Spain to see gatherings of people enjoying a drink and chatting and laughing together in the bars from about 10 in the evening, and then on until the small hours of the morning” (Spain's Official Tourism Website, 2020).

Due to the aforementioned environment, parties including hardcore substances such as cocaine, ecstasy, and methamphetamine are easily obtainable in a relatively cheaper price range. As the research on the synthetic drug market in Barcelona states, there is an extensive number of dealers including both professional and amateur dealers in Barcelona's party scene which relates to the previously discussed aspects of weather and the citizens' social behaviors, along with the mass import of tourists (Domínguez et al., 2003).

This context is notably relevant when assessing UPF, which will be the main focus of our research; consisting of a large demographic of young adults, it makes the city the optimal site to conduct research on substance consumption including drugs and alcohol. In the same vein, young adults in universities often experience their first time living away from home, and consequently, the first time they're navigating real independence. This sense of freedom often leads to new experiences, and for some, this includes experimenting with drugs.

Various studies suggest that mental health issues in youth could lead to a desire for substances use that alters their conscience and help “escape the problems” (Cohen & Cohen, 1981; Boden, Fergusson, and Horwood, 2007; Huizink, Ferdinand, van der, and Verhulst, 2006; Wittchen et al., 2007). While it is outside the scope of our study to research the underlying causes for the harmful use of substances in Barcelona and more specifically among the students of UPF, we

will assume that there is a high correlation between the two issues based on those studies. Moreover, we assume that it is in the best interest of the university to mitigate such behavior. Lastly, we presuppose that the Covid-19 pandemic increases the likelihood of mental health difficulties as the youth is exposed to multiple co-occurring risk factors such as parents losing their jobs, marital conflicts, psychological distress, confinement, isolation, pandemic related stress, etc. (Wade, Prime and Browne, 2020). With those assumptions in mind, and especially in the current context, our main argument is the following: it is more than ever important to see how in practice UPF is helping students to cope with the issues. For that reason, we are focusing our study on the actions taken by the university to support the students to the best of its capabilities.

Thus, we will assess the current situation of substance use disorders and irresponsible alcohol use employing a Glocal approach. This will allow us to go from the general overview of the indicators at the global and Spanish level to the more specific situation of Catalonia, Barcelona, and, especially, UPF. Hence, having a holistic vision of the issue will help us to identify the shortcomings and opportunities of SDG3(.5) at the different dimensions, the interrelationships between them, and the potential solutions that could be implemented, notably, at the university level.

RESEARCH DESIGN

Bearing in mind the previously mentioned assumptions and information, our exact research question is:

“How is Pompeu Fabra University in Barcelona supporting students and mitigating the harmful use of substances among them?”

To answer this question, we have adopted the glocal approach with the idea to see how local and global trends as well as ways of mitigation and practices compare and can be useful to one another. Furthermore, we employed a mixed qualitative and quantitative methodology to generate a multilevel comprehensive comparison. The different stages of the development of our research are represented in figure 1.

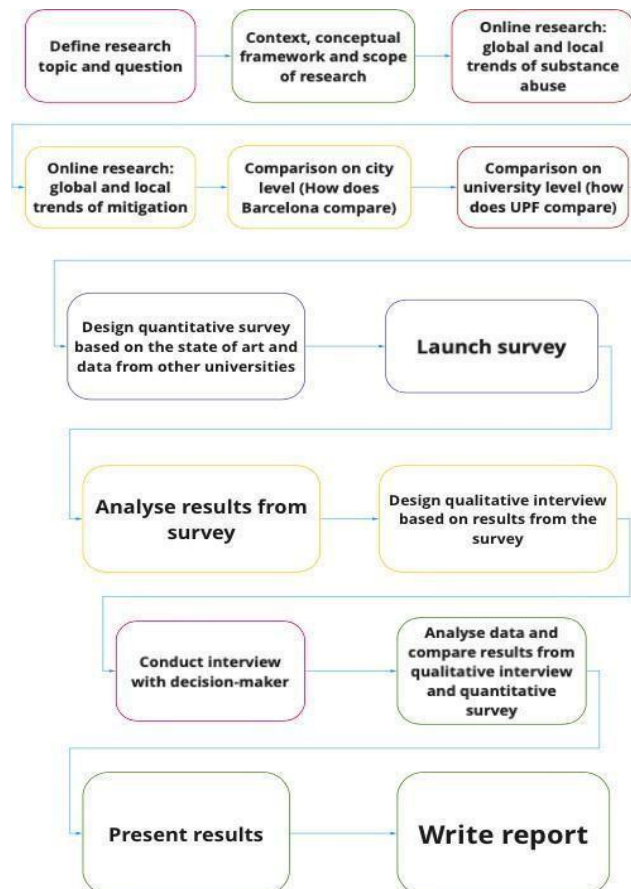


Figure 1. Research Design Step-by-Step
Elaborated by the authors

We have firstly enquired into global, national, and then local level state of substance abuse trends to establish how Barcelona compares to other levels (the results of this exercise can be found in the next section on the state of SDG 3.5). Additionally, to establish how this city

compares to others, we have selected urban centers that are similar socio-economically and culturally, popular among students, with nightlife opportunities, and, most importantly, that are similar to Barcelona in consumption trends. Therefore, the cities chosen are:

- Milan, Italy.
- London, UK.
- Utrecht, The Netherlands.

Next, we have further selected one university in each of those cities (i.e., Università Degli Studi di Milano Statale; University of East London; University of Utrecht) to compare how UPF itself differentiates. We have also selected the UPC, UB, and UAB universities in Barcelona to compare UPF on a local level. By contrasting on both the European and local levels, the glocal approach gives us a much broader base of analysis and complete perspective on the state of the issue.

Finally, to study UPF in more detail, we decided to first look into the existence of structural mechanisms set in place, such as harm reduction programs; and then assess the situation of substance use disorders and irresponsible alcohol use among the student community as well as their knowledge and desire for implementation of programs by launching a survey via Google Forms (see Survey results in the Appendix B, Graph 12). Since the assessment of the university would have been incomplete without understanding the perspective of the university decision-makers themselves, we turned to the SDG Sustainability Department for an in-depth qualitative interview (see In-Depth Interview design in the appendix C). The interview had two goals:

- 1) Assess the department's position, measures, and initiatives.
- 2) Assess the department's interest and willingness to introduce initiatives related to substance consumption abuse.

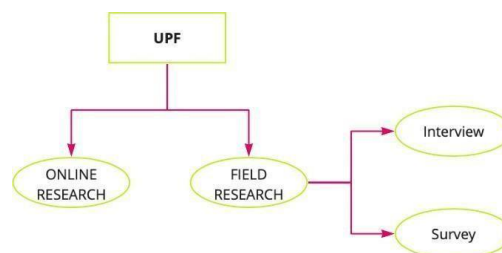


Figure 2. From Theory to Action - UPF Research SchemeNote.
Elaborated by authors

All data collected through our online research, quantitative survey, and qualitative interview has been codified, compared, and fed into the final assessment of SDG 3.5, presented in the analysis and conclusion sections of this report.

CONCEPTUAL FRAMEWORK AND CONTEXT (STATE OF SDG 3.5)

Definition of the substances

Over 2% of the world's population has alcohol or illicit drugs addiction (prohibited under international drug control treaties, these include opioids, cocaine, amphetamines, and cannabis). In some countries such as the United States and Europe, it is even more common, as more than 1-in-20 (5%) were dependent (García-Carpintero-Muñoz, Tarriño-Concejero, & de Diego-Cordero, 2020). Along with the aforementioned substances, this research will specifically focus on alcohol, tobacco, cannabis, cocaine, and MDMA.

Substance consumption around the globe: analysis by drug

Consumption of substances differs from one country to another in accordance with their social and economic status. For instance, in developed countries, consumption happens at rave parties, university cafeterias, concerts, and other recreational activities for entertainment purposes. Thus, party substances such as alcohol, ecstasy, or cocaine rank the highest on the consumption list. Meanwhile, in developing countries, substance abuse occurs in underdeveloped areas among young people as a way to escape from reality, explaining why low-cost substances like paint, glue, or gasoline are consumed. The worldwide data indicates that the most widespread substance, excluding alcohol and tobacco, is cannabis, followed by cocaine, MDMA, and amphetamine (García-Carpintero-Muñoz et al., 2020).

At the European level, cannabis is also the illicit drug most commonly used among all age groups. Focusing on 15-to-24-year-olds, the proportion of use exceeds the mean, with an 18% (10.1 million) of this population having consumed the drug in the last year, and 9.3% (5.2 million) in the last month (European Monitoring Center For Drugs and Drug Addiction, 2019). Consumers usually start using the substance at the age of 17, and the United Kingdom and Germany are the top European countries in cannabis consumption, although Spain is a considerably recurrent cannabis consumer too (European Monitoring Center For Drugs and Drug Addiction, 2020).

Regarding cocaine, the most used illicit stimulant in Europe, it is mostly widespread in the southern and the western countries of the Union. Nevertheless, the consumption of cocaine has increased all across the continent in recent years. Unfortunately, exact data is not provided for the age group of our interest, although according to the European Monitoring Center For Drugs and Drug Addiction (2020), the average age for first-time use is 23. However, 2.6 million people aged 15 to 34, that is, 2.1% of this population, have consumed the drug in the last year (European Monitoring Center For Drugs and Drug Addiction, 2019). Moreover, cocaine's use frequency is to be found with 2 up to 6 days per week. Spain, the UK, and Italy are, correspondingly, the three countries with the greatest amount of cocaine users (European Monitoring Center For Drugs and Drug Addiction, 2020).

Concerning MDMA consumption, it is higher for the population aged between 15 and 24, with 2.3% (1.3 million) having used the drug in the last year (European Monitoring Center For Drugs and Drug Addiction, 2019).

To conclude this section, it is relevant to look at the death rates of Europe when compared to world data. Even if the United States and Russia are the countries where substance use disorders cause the highest death rate, in most Western European countries, 5-7.5% of deaths are directly related to alcohol or illicit drug use. There are great differences between Eastern and Northern countries, where the rate rises up to 15%, and Southern countries, like Spain, in which substance abuse does not exceed 2.5% of total deaths (Global Health Data Exchange, n.d.). Yet, it is important to stress the variation of age rate in death rates; 2020 data shows that the number of deaths between 20-24 has slightly decreased, being ca. 400 per year, but the youngest age target (i.e., 15-19) has increased and could be increasing up to 200 per year (European Monitoring Center For Drugs and Drug Addiction, 2020).

Substance consumption in Spain: analysis by drug and Autonomous Community

With regards to the situation in Spain, the Ministry of Health (2018) estimated that in 2017-2018, the larger subgroup that consumed drugs among the population aged 15-64 were the people between 15-24 years. The Ministry further breaks down the consumption by substance and concludes that excluding tobacco and alcohol, cannabis (19.9%) and cocaine (2.7%) are the most frequently used drugs, followed by MDMA (1.7%). Considering alcohol and tobacco, the most widely used substances, the Observatorio del Cáncer de la AECC (2018) argues that, although the population target between 15 and 24 years does not have the largest proportion of smokers, nevertheless has the greatest number of new smokers every year. Moreover, around 35% of the Spaniards between 14-18 have consumed tobacco in the last year, 14 years the age onset, the same as for alcohol. However, as the Ministry of Health (n.d.) informs, approximately 77% of the 14-18 aged have consumed alcohol sometime in their lives.

The geographical distribution of different substance consumption varies depending on the Autonomous Community in Spain. Although the Ministry of Health (n.d.) and other related agencies, such as the Observatorio Español de la Droga y las Toxicomanías (2019) have examined the prevalence of substance abuse in the different Spanish regions, the population target under study (15-64 years) is broader than the focus of this research, namely, 15-24. Therefore, it is likely that some distortions, due to the larger sample size, occur. Nevertheless, it is relevant to see whether general trends in different substance consumption are more prevalent in Catalonia than elsewhere to subsequently explain the spread use of drugs in Barcelona, the capital. In terms of alcohol consumption in the last month (2019-2020), Catalonia was on the Spanish average (63%), whereas Asturias (71,9%) and the Comunidad Valenciana (70,4%) were the most frequent drinkers. Conversely, when it comes to daily tobacco consumption, Catalonia (33,4%) was slightly higher than the Spanish average (32,3%), even though Murcia (37,7%) and Extremadura (35.7%) are the two top Communities. Finally, the Observatorio Español de la Droga y las Toxicomanías concludes that Catalonia (10,9%) is above the average of cannabis consumption (8%), although the Balearic Islands (16,2%) is by far the highest cannabis consumer.

Even if Catalonia is not the Autonomous Community where most substances are consumed, Barcelona is leading most of the rankings in this regard. According to González-Mariño et. al (2020), Barcelona was the Spanish city and one of the top 5 European cities with the most prominent community drug use, which includes the combined doses of cocaine, amphetamine, methamphetamine, and MDMA. More specifically, Barcelona is the European city where most cocaine is consumed, and the Spanish city in which most MDMA and (meta)amphetamine are to be found in wastewater drug analysis, followed by Castellón and Santiago (European Monitoring Center for Drugs and Drug addiction, 2018).

Is this issue considered significant in Barcelona? Policy Problem in the Scope of SDG 3.5

Although Barcelona reached its peak of heroin consumption between the late 1970s and the 1980s (Manzanera, Torralba, Brugal, Armengol, Solanes, & Villalbí, 2000), according to The Abell Report (2019), the number of overdoses in Barcelona decreased in the 1990s. Nevertheless, it began to increase again from 2017 onwards which indicates the revival of the necessity of substance treatment and control (Robinowitz, 2019).

Measures taken in Barcelona

Experiencing the consequences of the 1990s heroin epidemic, Barcelona has been putting in a great effort in preventing the recurrence of this event. Thanks to considerable investments by the city government and other stakeholders, Barcelona was able to become an international model for other cities with high substance consumption rates.

Some of the actions include diverse treatment programs with low-barrier access, local programs, services for all stages of use, and legal/political systems for innovation to encourage stakeholders' cooperation. Moreover, Barcelona opened overdose prevention sites where neighbors filed complaints to the Barcelona Public Health Agency for bringing in drug use to the neighborhood. Diversification of overdose prevention sites took place from 2007 to 2010, and nine additional sites opened. Today, Barcelona holds numerous care centers and treatment programs (Robinowitz, 2019):

- 4 hospital-based detoxification units
- 1 women-only harm-reduction center
- 1 inpatient drug treatment program
- 11 overdose prevention sites
- 13 supportive housing apartments
- 65 pharmacies
- 5 primary care centers (with syringe service programs)
- 11 harm-reduction programs (provides syringe exchange, naloxone distribution, and drop-in spaces)
- 1 methadone mobile unit (with multiple stops around the city and a set schedule)
- 28 Drug checking through a nongovernmental organization

The Barcelona City Council has promoted the renewal of the Action Plan on Drugs for the period 2017-2020, which coordinates the policy on drug addiction tackling different areas: prevention, harm reduction, and provides care for both people with addiction and their families. The document “Barcelona Drug Action Plan” established the actions and policies to be carried out by the City Council in order to both prevent and reduce drug use and its negative effects. It is collaboratively elaborated by representatives of the Administration, the ASPB, the Health Department of the Generalitat de Catalunya, professional entities, and associations involved in mitigating drug addiction. The Plan shares its vision with the Group Drug Policy, representing all municipal groups and entities in the sector. The first Action Plan on Drugs in the city was carried out thirty years ago, promoted by the “Barcelona model of response to the drug problem”. Nevertheless, Barcelona considers that action for the prevention of drug addiction in schools, community and consumer environments is needed.

An additional plan focused specifically on The Raval neighborhood to be implemented in four stages has also been presented in December 2018. The minimum budget for the plan is 3.3 million euros, taking into account that some long-term action cannot yet be budgeted for. Some essential categories for the measures are (InfoBarcelona, 2020):

- Promotion of health among children and young people and improving the quality of social and health services for drug users and those around them.
- Drug trafficking prevention and security in collaboration with the Mossos d’Esquadra.
- Foster healthy environments and drive community action to generate social cohesion and avoid nuclei with unbalanced uses which may lead to social exclusion. Work will also be done to reduce the stigma attached to drug users.
- Define coordinated action between drug-dependency and addictions centers, the Barcelona Public Health Agency, the City Police, and other key actors.

Another initiative that aims to mitigate substance abuse damage in Barcelona is the Energy Control platform. Dating back to 1997 it is a pioneering project in Spain in the field of risk reduction. It has received the recognition of numerous administrations both at the Spanish and European level, as well as the support and collaboration of the target it addresses people who consume alcohol and other drugs (Energy Control, 2020).

Comparison between Barcelona’s public universities: how is the issue addressed in Pompeu Fabra University?

This section aims to assess how UPF is dealing with substance abuse by establishing a comparison between the four public universities in Barcelona (i.e., UB, UPC, UAB, and UPF). The University of Barcelona has at the disposal of students the so-called Social Care Unit, which provides help and advice to any employee of the University who, at a given time,

may be faced with a personal or family problem related to this case (UB, n.d.). Most of the information, guidance and counseling services UB recommends are from the Catalan government public service to deal with substance abuse (i.e., Green Line, primary care centers...) rather than university initiatives to fight against substance abuse.

This is also the case of the Polytechnic University of Catalonia (UPC), which forwards directly to public authorities to ask for information or orientation enquiries on drug dependency. UPC, however, offers psychological attention through the Psychotherapy Unit, which is accessible for all students under 28 years of age with school insurance, Spanish nationality, or foreign legal resident in Spain and without an employment contract. Among many other symptoms (i.e., depression, self-harm, aggressive conduct), the Unit deals with drug addiction, alcohol, and gambling (UPC, n.d.).

The Autonomous University of Barcelona (UAB) has a Drug Policy Unit at its disposal, which analyzes, disseminates, and researches to offer solutions in the field of drug policies in the national and international context (UAB, 2016). Yet, it is not a support mechanism for students but rather a research group. As part of the 2030 sustainable commitment, UAB has engaged in toxic addiction prevention. Nevertheless, few information or clear assistance platforms are provided; only the contact number of the Prevention and Assistance Area, the Healthcare Assistance Service, and the previously mentioned Green Line and Barcelona Public Health Agency are provided.

UPF does not really differ from its fellow universities. Although it puts a Psychological Assessment Service (SAP) at the disposal of students, substance abuse is not considered as part of the orientation and assessment this body conducts; it is rather focused on aggressive and depressive tendencies, as well as on struggle with personal relationships (UPF, n.d.). As part of the university's project to create a sustainable community, a brief description of drug dependency in the section "UPF Saludable" is provided; yet it only prescribes basic information about the harmful effects of drug addiction and forwards students to government websites on the issue.

Therefore, what can be concluded from this section is that any public university in Barcelona has a well-developed and visible support mechanism for students dealing with substance abuse issues or seeking assessment in that regard. A summarized version of the presented analysis can be found in Appendix A, Comparative Table 1.

ANALYSIS

How are other cities and universities dealing with the issue?

We shall now take a look at how other universities around Europe have been managing. With the characteristics mentioned in the “Research design” section taken into consideration, we have chosen the following cities and universities:

- London, UK - University of East London (UEL)
- Milan, Italy - Università Degli Studi di Milano Statale
- Utrecht, The Netherlands - University of Utrecht

We are first going to focus on the policies and initiatives the governments and public administrations are introducing in the three cities and in continuation, we will explore what the universities themselves are doing.

London, United Kingdom

According to Keating (2017), the city of London has seen an 85% increase in drug-related deaths from 2012-2015. London has also seen a higher proportion of deaths from cocaine and new psychoactive substances than the rest of the country. In order to investigate the factors causing the rise in deaths, Public Health England (PHE) conducted a national inquiry and held an event in 2016 to bring interested parties together to discuss causes and possible solutions. PHE continues to conduct a detailed analysis of the factors driving the increase that have been identified, including:

- Increasing purity of drugs.
- An aging cohort of drug users with multiple health problems making them susceptible to overdose.
- A cohort of drug users who do not have contact with drug treatment.

Investigation of local deaths and immediate action on any mitigating factors where possible is urgently needed. Additionally, working with partners to ensure that the treatment system remains open to rapid access; and to ensure that those at risk of overdose are provided with naloxone and harm reduction advice, including the danger of alcohol use alongside heroin use. Meanwhile, the UK Government has introduced a legal framework, known as the Drug Strategy, to mitigate the misuse of drugs (Government of the UK, 2017). Two acts were introduced in the scope of the framework: Misuse of Drugs Act 1971 and the Psychoactive Substances Act 2016, that aim at:

- Reducing demand, emphasizing building resilience and confidence among young people to prevent the range of risks they face, such as drug and alcohol misuse, crime, exploitation, unhealthy relationships.
- Restricting supply, by using innovative data and technology as well as taking

coordinated partnership action to tackle drugs alongside other criminal activity.

- Building recovery, by improving both treatment quality and outcomes for different user groups. As well as, ensuring the right interventions are given to people according to their needs and facilitating the delivery of an enhanced joined-up approach to commissioning and the wide range of services that are essential to supporting every individual to live a life free from drugs.
- Global action, by spearheading new initiatives, sharing best practice, and promoting an evidence-based approach to preventing drug harms.
- Local regulation and quality assurance, by making sure that services that are commissioned are safe and effective.

The UK has a world-leading drug and alcohol treatment system, based on a solid body of international evidence and national clinical guidance (Government of the UK, 2017). The update to Drug Misuse and Dependence: UK Guidelines on Clinical Management focuses on providing high-quality advice on pharmacological and psychosocial interventions known to be effective.

The University of East London frequently updates information on drugs and alcohol in the Student Health & Wellbeing website section. It likewise collaborates with external referrals so as to provide support groups and health centers. The UEL has a Student Health & Wellbeing Team that prepares publicity campaigns as well as health awareness campaigns and workshops, including Drug and Alcohol Awareness Week, World Health Day, etc. Finally, the university also has an on-campus Health Critical Incident Team (HCI) and a Support Services.

Milan, Italy

Italy shows some worrisome trends in managing substance abuse as well. As of May 2019, the proportion of smokers aged between 15 and 24 was 21.8% for males and 19.6% for females. But even worse, in 2014 Italy ranked as the second-largest consumer of cocaine in the world. The country's ranking of the top illegal drugs seized is the following: cannabis, cocaine, heroin, and amphetamine. The use of most illicit drugs is concentrated among young adults aged 15-34. Focusing on Milan, between 2015 and 2016, there has been a sharp increase in cocaine consumption, while MDMA levels remained low and relatively stable.

Italy puts forward prevention interventions that encompass a wide range of complementary approaches. At the first level are environmental and universal strategies targeting the entire populations. These are usually school-based prevention activities implemented by teachers mainly limited to information provision and awareness-raising. Almost all Italian regions have "universal prevention" projects targeting families providing three types of initiatives, mutual assistance, meetings, and training:

- Universal prevention projects aimed at the whole community focus on young people

through the use of peer groups in out-of-school settings, counseling, and cultural activities, and local projects.

- At the second level are “selective prevention” targets directed to vulnerable groups that might be at greater risk of developing drug use problems and include activities conducted in recreational settings: immigrants, school dropouts and young offenders, families with problem drug use and/or mental health problems, and socially and academically marginalized young people.
- At the last level is “indicated prevention” focusing on at-risk individuals. Moreover, on the other hand, the country promotes harm reduction programs (consolidated in the state-regional accord of 1999. The range of these services and initiatives) mainly located in the larger cities, such as Milan is heterogeneous and diversified by including needle and syringe programs, information dissemination and counseling. These interventions are delivered through mobile units, fixed sites, outreach programs, and needle and syringe dispensing.

In 2010, the Italian National Action Plan on Drugs set 89 objectives divided into two pillars:

- Demand reduction activities (prevention, treatment, rehabilitation, and reintegration),
- Supply reduction (covering evaluation and monitoring, legislation, supply reduction, and juvenile justice).

Along this line, the action plan covers the use of licit substances and addictive behaviors as well. Four other elements support its implementation:

- Individual regional/autonomous provinces plan.
- Technical and scientific implementation guidelines.
- The Project Plan, which sets out the different national projects being carried out under the Action Plan.
- The 2014 National Action Plan for the Prevention of the Distribution of New Psychoactive Substances and Demand on the Internet.

Additionally, the country has undertaken several measures and programs to reduce and prevent drug consumption as well as abuse. The most recent one, dating January 2021, is a ban on tobacco smoking outdoors in a range of public places, such as bus and tram stops, the city’s green spaces, sports, and recreational groups, children’s play areas, stadiums, and cemeteries (Mitzman, 2021). In fact, Mitzman points that this partial outdoor ban is the starting step towards a full ban expected to come into force in January 2025 foreseen a cigarette ban from all public spaces.

With specific regard to the Università Degli Studi di Milano Statale, selected for this comparative study, the university does not have any department or specialist dealing directly with substance consumption or abuse. Nevertheless, the university takes a strong stance on the issue of smoking and carries a strict policy of no smoking anywhere on the campus grounds.

Utrecht, the Netherlands

According to the Dutch Institute of Mental Health and Addiction (2019), among students aged 16-18 studying at the intermediate and higher vocational education levels, ecstasy is the most frequently used hard drug: in 2017, 8.4% of these students had used ecstasy at least once. In the nightlife scene, ecstasy is still by far the most important drug. In the Netherlands, the percentage of adults who have taken ecstasy in the past year is (far) above that of other European countries, the percentage of inhabitants who have ever used ecstasy is one of the highest in Europe (Netherlands Institute of Mental Health and Addiction, 2019).

Furthermore, 85% of students aged 16-18, have drunk alcohol and almost three-quarters of them have drunk it in the past month. The use of sedatives and tranquilizers, without prescription, is highest among 20-24-year-olds (Netherlands Institute of Mental Health and Addiction, 2019). In 2018, heavy drinking, understood as consuming 6 or more glasses of alcohol in one day for men or 4 glasses for women, at least once a week, is most common among young adults aged 18 and 19 and 20-24. Excessive drinking, understood as consuming more than 21 glasses a week for men and more than 14 glasses a week for women, is a pattern that fluctuates more between age groups, but is highest among 20-24-year-olds and at an older age (between 50 and 74).

How is the government handling these statistics?

“The Dutch drug policy aims to discourage and reduce drug use, certainly in so far as it causes damage to health and to society, and to prevent and reduce the damage associated with drug use, drug production, and the drugs trade” (Opium Act Directive, amended in 2012).

While many drugs have been regulated through white papers such as “A combined effort to combat ecstasy” (2001), Dutch cannabis policy has been elaborated in a series of policy letters. The “Letter outlining the new Dutch policy” (2009) placed an increased emphasis on prevention and use reduction, and it amended the ‘coffee shop’ policy. Even though no budget is specified and allocated in the drug policy documents and there is no overall review of executed expenditures, recent estimates suggest that the public sector spent EUR 84 million to implement the Opium Act in 2015. This budget was spent on prevention, police investigation, prosecution, sentencing, implementation of sentences, supporting offenders and victims, and judicial services (European Monitoring Center for Drugs and Drug Addiction, 2018).

There is an initiative, the National Prevention Pact under the responsibility of the Ministry for Health, Welfare and Sport, that aims to reduce smoking, overweight and problematic alcohol use through three separate, binding agreements:

- Similar to Italy, tobacco will be prohibited in public areas and the ambition is for Holland to become a smoke-free environment by 2040.

- All care professionals will actively help people to stop smoking (Government of The Netherlands, 2019).
- The health insurance excess will no longer apply to treatment and medication to help people stop smoking, and only programs that have been proved to be successful will be used.

Buying cigarettes or tobacco will be made as unappealing as possible; they will be much more expensive thanks to increased duties and will all have the same, plain packaging (Government of The Netherlands, 2019). In addition, the packets may no longer be displayed in shops, and tobacco advertising will be banned. As to alcohol, discounts on alcoholic drinks will be subject to limits. This will discourage people from buying more alcohol than they planned to (Government of The Netherlands, 2019). The government also wants to make agreements with producers on reducing the number of adverts for alcohol seen by under-18s under the independent evaluation of The Advertising Code for Alcoholic Drinks.

The National Preventive Pact is the result of many years of advocacy and initiatives for better policies. One example is the 2016 Alcohol Manifesto, signed by 11 health organizations, challenging the national government and local authorities to give priority to three effective alcohol policy measures (the so-called 3 Best Buys): an increase in the price of alcohol, a reduction in the number of sales outlets and a ban on alcohol advertising.

The last university assessed is the University of Utrecht, which seems to be the most advanced center in substance abuse prevention and support provision for students and staff. Moreover, the University of Utrecht has a special section on “Substance Abuse Policy” in their Code of Conduct and provides information on drugs and alcohol and tips for responsible drinking. Collaboration with local services - Jellinek (Substance Abuse Support Center) and Moti 4 (conversation program for young people aged 14 to 24) - and with volunteers (known as LOS, that assist with information, referrals, assistance on drug tests, etc.) is also key. Lastly, there is a possibility for a therapy that is reimbursable with health insurances.

For a comparative summary of the key contextual factors, legislation, strategy and initiatives for both cities and universities, see Appendix A, Comparative Table 2.

Fieldwork - part 1: survey among UPF students

To have some data and properly assess whether substance abuse is a problem at university from the student’s perspective, a survey was launched (see all the graphs in Appendix B). From the 109 responses obtained, more than 85% of the students were between 19-22 years old (Graph 1), and most of them (39%) were from Global Studies and Political Science (24%) (Graph 2).

According to the survey, most people never consume marijuana, cocaine, or MDMA, and only around one-quarter of the students who took the survey do so occasionally (Graph 3). Among these, marijuana is the most frequently used, mainly randomly or once a month, and with a

preference for night consumption. But when assessing alcohol and tobacco, the pattern changes; alcohol is the most widely consumed drug among those who took the interview, with a prevalence during the weekends but also with 25% of the people doing either once a week, or randomly. What is however quite clear is that alcohol is consumed in the nighttime, and sometimes in the afternoon.

Tobacco is mainly used on a daily basis, and occasionally. However, a great proportion of students do not smoke, which makes the distribution quite diverse (see Graph 4 and Graph 5). Among those who consume, around 40% started at the age of 15-16 (Graph 7), and the causes are mostly related to social gatherings, such as parties or hanging out with friends (in fact, 23% of the students who took the poll say they get supplied with substances from friends, although private dealers have also a great weight, as shown in Graph 8), but also for pleasure and entertainment, or even curiosity (Graph 6). Work-related stress is the fourth cause of consumption, which explains why 20% of the respondents said their consumption patterns have increased, either because of active social activity or academic workload. Still, most of the consumers said that the university had no effect on their consumption (Graph 9).

Finally, in terms of program implementation, those who consume almost unanimously assert that they do not need help (although around 8% admitted not wanting help) (Graph 10), nor has any member of their close environment shown concern regarding their substance use (Graph 11). And most respondents agree that psychologist student services would be of great help at UPF, although health awareness campaigns and workshops, together with info-lines and online self-help, would be a great option as well (Graph 12).

Fieldwork - part 2: interview with a UPF decision-maker

To have first-hand information about the institutional perspective on drug use at the university, and to compare it to the students' perception, we conducted an interview with a decision-maker at UPF, more specifically, with the SDG Sustainability Department representative. Their department deals with health at UPF, but gender equality, and environmental sustainability are currently the main concerns. The department has rather focused on the food dimension of health, even organizing the so-called "Week for Health". A strategic plan was approved in 2019, although it has not been developed in specific actions yet.

What is also remarkable from the department's mission is that they welcome students in everything they do, making sure that they can participate and even suggest new actions. With specific regard to substance abuse, the UPF decision-maker declares that only beer can be sold on-campus; it is mostly not a concern except for the post-exams period, as many students gather to celebrate the end of the term and a lot of bottles can be seen in the morning around campus.

¹ Note that many relevant institutional actors at UPF have been contacted yet not available for the interview. These include representatives from: Sergi Jarque Salas, The Office for the Prevention of Occupational Hazards and Health Promotion; the Rector's Cabinet; and Eva de Quadras and Josep Mercadal, psychologists at the Psychological Support Service (SAP).

In the case of psychological assistance, although tutors can also assist students, the department usually forwards students to the psychology service, which offers professional and confidential psychological assistance. However, the interviewee has declared that many people usually come to them in cases of anxiety or food disorders. Still, the university does not see drugs as a priority, but rather the implementation of a sustainable diet plan or the learning adaptation to people with physical or psychological health issues. Besides awareness-raising and psychological assistance, UPF does not have enough resources to help with addiction. Indeed, the UPF decision-maker stated that the biggest obstacle to implementing big anti-drug initiatives as the ones already taking place in other European universities is the limited budget, which inevitably leads to the prioritization of university concerns.

Finally, when being asked about how students can find information on the psychology student service and the health awareness campaigns, they replied that it is through the newsletters and in the banners, as well as in the UPF Saludable webpage. Nevertheless, during the research process of this project, we have encountered many difficulties accessing this information, hence proving that the institutional information on these initiatives is not evident enough.

Replicability of measures

As aforementioned, among the surveyed students, marijuana, alcohol and tobacco turned out to be the most frequently used substances where the smokers would consume tobacco on a daily basis. Considering that almost half of the substance users have started their journey with substances from a very young age of 15 to 16 years old, it can be assumed that quitting the usage may not be an easy task for many especially with the increased frequency of consumption due to active social life and academic workload after the beginning of the university. Although close to none of the participants of the survey responded that they do need professional assistance, a majority agreed that psychologist student services at UPF would result in betterment of the students along with health awareness campaigns, workshops, info-lines and online self-help. The representative from the UPF SDG Department suggested that it is the University's responsibility to not stress the students too much but maintain that if an issue with drug abuse occurs it should be treated as outside of the scope of the university as it should be better referred to health specialists instead.

Taking into account the survey results, the representative further discussed the potential mechanisms that could be implemented at UPF such as the online self-help or assistance on drug testing. Above all, the UPF decision-maker emphasized the importance of student-led preventive initiatives as they would be much more effective than if provided by the university staff. Information phone lines for both drugs and alcohol are unlikely to be implemented in house but could be externalized to support groups or health centers that are outside UPF if needed. Meanwhile, the university does run alcohol consumption awareness campaigns, mainly via the tv monitors in the university cafeterias. Moreover, even if health awareness campaigns and workshops are actually to take place, having a health critical incident team on campus would be extremely difficult to implement.

CONCLUSIONS

Final Considerations

To conclude, the data retrieved shows that substance consumption is present but not a big issue among the UPF community, especially when compared to other universities in Barcelona or in Europe. It is not perceived as an issue neither by the participants in the survey, nor it is a priority to the university decision-makers. We consider it is, therefore, rational that the university is rather focusing on other health issues related to SDG 3 – such as a sustainable and balanced diet plan – considered both as a more pressing need and priority for the well-being of the whole student community. Substances are not consumed on-campus nor in teaching hours, which in some sense allows UPF to unlink itself from such behaviors, regarding them as external.

Relating the causes of consumption with students' mental health, we think it is crucial that the university, as the responsible for work-related stress among the student community, gives both more visibility and provides further resources to the psychology services (the Servicio de Asesoramiento Psicológico) that is already available for students but that few know about – especially in the context of the Covid-19 pandemic, which has proven to be especially harmful for the youth's mental health.

Shortcomings

We believe the main shortcomings of our research were the little time which is directly linked to getting on a short notice participants for the interview or to properly diffuse the survey and getting a representative student community sample.

Regarding the survey, we consider the results were biased since, firstly, most respondents were from Global Studies and Political Science degrees, not providing us with a global view from the whole UPF community. Secondly, in relation to this previous point, are the little numbers of answers, 109 out of 10.874 UPF students. Moreover, most of the respondents are 20-21 years old, conversely, a minority of answers were submitted by people aged 23 and 24, which tend to be master students. Lastly, there is a possibility that people were not honest about their answers (even though the survey was anonymous) and it is also probable that some drugs consumed by students have not been included in the survey.

Focusing now on the interviews, we found some difficulties when trying to schedule them as some participants were not available on such a short notice and as others directed us towards the SDG department representative, then rejected our questions.

An added difficulty we encountered when carrying out the research was that UPF has no data regarding substance and alcohol consumption – apart from information on beer purchases in the university cafeteria. In fact, the research we just carried out is the first of this kind. Further research including a greater number of students from different degrees and a more

varied representation of experts is needed regarding this topic in order to provide a wider and more accurate representation of the UPF students' consumption patterns. Therefore, we are hoping that our report can serve as preliminary information and will be useful to the SDG department representative. Furthermore, we hope that the methodology used in this report can be replicated for a more complete and extensive research on the matter, that takes into account a larger pool of student participants and a broader selection of staff representatives.

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APPENDIX

Appendix A. Comparative tables

Comparative Table 1: public universities in Barcelona (UB, UPC, UAB, UPF)

BARCELONA'S PUBLIC UNIVERSITIES	UNIVERSITY OF BARCELONA (UB)	POLYTECHNIC UNIVERSITY OF CATALONIA (UPC)	AUTONOMOUS UNIVERSITY OF BARCELONA (UAB)	UNIVERSITY POMPEU FABRA (UPF)
PROGRAMMES and INITIATIVES for STUDENTS	<ul style="list-style-type: none"> Social Care Unit, providing help and advice to any employee who may be faced with a personal or family problem related to substance abuse. UB information, guidance, and counseling services are redirected to the Catalan service to deal with substance abuse. 	<ul style="list-style-type: none"> Forwards directly to public authorities to ask for information or orientation about drug dependency. Psychotherapy Unit, accessible for all students under 28 years of age with school insurance, Spanish nationality, or foreign legal resident in Spain and without an employment contract. 	<ul style="list-style-type: none"> Drug Policy Unit, which analyzes, disseminates, and researches controlled drugs that offer solutions in the field of drug policies in the national and international context. Toxic addiction prevention as part of the 2030 sustainable development. Few information is available; only the contact number of the Prevention and Assistance Area, the Healthcare Assistance Service, and the Green Line and Barcelona Public Health Agency are provided. 	<ul style="list-style-type: none"> Although it has a Psychological Assessment Service (SAP), substance abuse is not considered as part of the orientation and assessment. "UPF Saludable" brief section on drug dependency as part of the university's project to create a sustainable community. However, it only prescribes basic information about the harmful effects of drug addiction and forwards students to government websites on the issue.

Comparative Table 2: public universities in Europe (University of East London, Universtià Degli Studi di Milano Statale, University of Utrecht)

CITY/COUNTRY	LONDON/ UNITED KINGDOM UNIVERSITY OF EAST LONDON	MILAN/ ITALY UNIVERSITÀ DEGLI STUDI di MILANO STATALE	UTRECHT/ NETHERLANDS UNIVERSITY OF UTRECHT
CONTEXT - KEY FINDINGS (Statistics, Patterns of Behavior, Issues)	<ul style="list-style-type: none"> The legal age to consume alcohol is 18 years old The UK has a world-leading drug and alcohol treatment system, with a solid body of international evidence and national clinical guidance to inform it. London has seen an 85% increase in drug related deaths from 2012–2015. 	<ul style="list-style-type: none"> The legal age to consume alcohol is 18 years old The use of most illicit drugs is concentrated among young adults aged 15–34. Italy ranked second largest consumer of cocaine in the world. 	<ul style="list-style-type: none"> The legal age to consume alcohol is 18 years old. 85% of students have drunk alcohol (ages 16–18). Ecstasy is the most frequently used hard drug (ages 16–18). In 2018, heavy drinking is most common among young adults aged 18 and 19 and 20–24. Excessive drinking is highest among 20–24- year-olds and at an older age (between 50 and 74).
LEGISLATION	<ul style="list-style-type: none"> Misuse of Drug Act 1971 Psychoactive Substances Act 2016 	<ul style="list-style-type: none"> Ban on smoking outdoors in a range of public places (2021). State-Regional Accord of 1999 on programs for prevention and intervention.] 	<ul style="list-style-type: none"> Opium Act Directive (amended 2012, implemented in 2015). Dutch cannabis policy has been elaborated in a series of policy letters (2009). 'Coffee Shop' Policy. 'Toolkit alcohol and drugs prevention for students'.
STRATEGY	NATIONAL DRUG STRATEGY , aims at: <ul style="list-style-type: none"> Reducing Demand. Restricting Supply. Building Recovery. Sharing best practices globally. Local Regulation and quality assurance. 	Italian National Action Plan on Drugs sets 89 objectives divided in two pillars: <ul style="list-style-type: none"> Demand reduction activities – such as prevention, treatment, <u>rehabilitation</u> and reintegration. Supply reduction – covering evaluation and monitoring, legislation, supply reduction and juvenile justice. 	National Prevention Pact on smoking, overweight and problematic alcohol use.

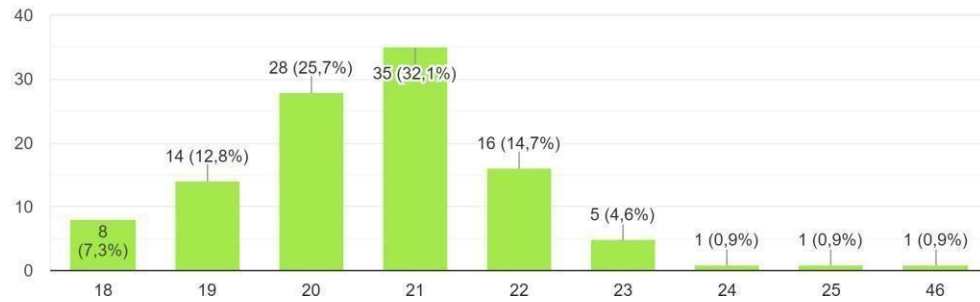
CITY/COUNTRY	LONDON/ UNITED KINGDOM UNIVERSITY OF EAST LONDON	MILAN/ ITALY UNIVERSITA DEGLI STUDI di MILANO STATALE	UTRECHT/ NETHERLANDS UNIVERSITY OF UTRECHT
ADMINISTRATIVE INITIATIVES (city level)	In London: <ul style="list-style-type: none"> • Support local investigation of drug related deaths. • Mitigation. • Ensure treatment system remains open to rapid access. 	<ul style="list-style-type: none"> • Programs for reduction and prevention of drug consumption and abuse • Prevention interventions programs Harm reduction programs 	<ul style="list-style-type: none"> • The Dutch Alcohol Policy Alliance (since January 2020). • Alcohol Manifesto (2016). • Substance Abuse Support Center (Jellinek).
UNIVERSITY KEY FINDINGS	Information on drugs and alcohol is frequently updated in the Student Health & Wellbeing section of the university website. The university runs a variety of initiatives and programs towards prevention and support for students and staff.	<p>There is a problem with illicit substances on campus.</p> <p>The university does not have any department or specialist dealing directly with substance consumption or abuse.</p> <p>Nevertheless, the Università Degli Studi di Milano Statale carries a strict policy of no smoking.</p>	<p>Health and safety of UCU students is of primary concern.</p> <p>In such cases where students act responsibly and seek emergency help, the College will not pursue disciplinary action against them.</p> <p>The university and the city have many initiatives geared towards substances.</p> <p>The Erasmus Student Network (ESN) has a zero-tolerance policy regarding drugs at any of the activities.</p>

CITY/COUNTRY	LONDON/ UNITED KINGDOM UNIVERSITY OF EAST LONDON	MILAN/ ITALY UNIVERSITA DEGLI STUDI di MILANO STATALE	UTRECHT/ NETHERLANDS UNIVERSITY OF UTRECHT
PROGRAMS and INITIATIVES for STUDENTS	<ul style="list-style-type: none"> • Publicity Campaigns, run by the Student Health & Wellbeing Team • Health Awareness Campaigns and Workshops (including Drug and Alcohol Awareness week, World Health Day, Cognitive Behavioral Workshops etc.) • Home Office Fact Booklets, issued by the Student Services & Residential Services) • External referrals to outside support groups and health centers • UEL Support Services • On campus Health Critical Incident Team (HCI) 	<p>Between 2015-2018, the Universities “La Statale” of Milan and of “Milano-Bicocca” partnered up with the police forces through supporting their laboratories by carrying out qualitative and quantitative analysis of the drugs sent to them by the police</p>	<p>Section on "Substance Abuse Policy" (Code of Conduct).</p> <p>The university provides:</p> <ul style="list-style-type: none"> • Tips for responsible drinking. • Information on drugs and alcohol. • Contact the local Jellinek. • Infolines for both Drugs and Alcohol. • Psychologist at Utrecht University Student Services. • Volunteer for and by Utrecht students (LOS). • Assistance on drug testing. • Online self-help. • Preventive intervention initiative: Conversation program for young people aged 14 to 24 (Moti 4). • Health insurance supported therapy. <p>ESN at Utrecht also has sections on alcohol and drugs in their Code of Conduct.</p>

Appendix B. Survey graphs

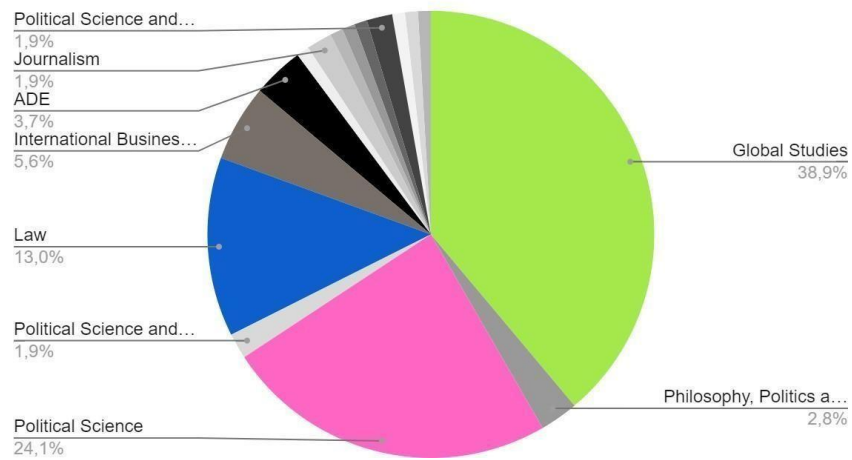
Age

109 responses



Graph 1. Age.
Elaborated by authors

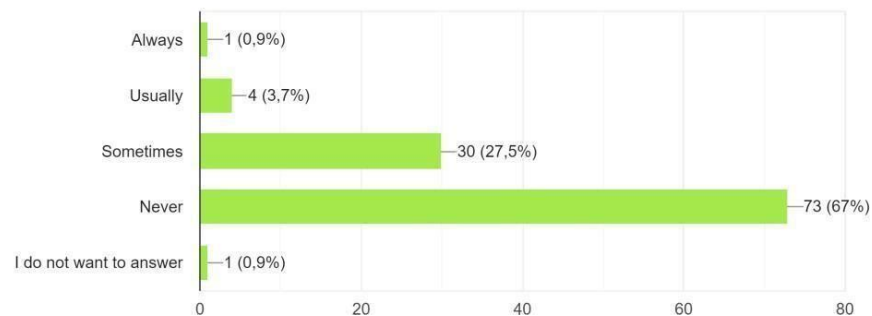
Studies

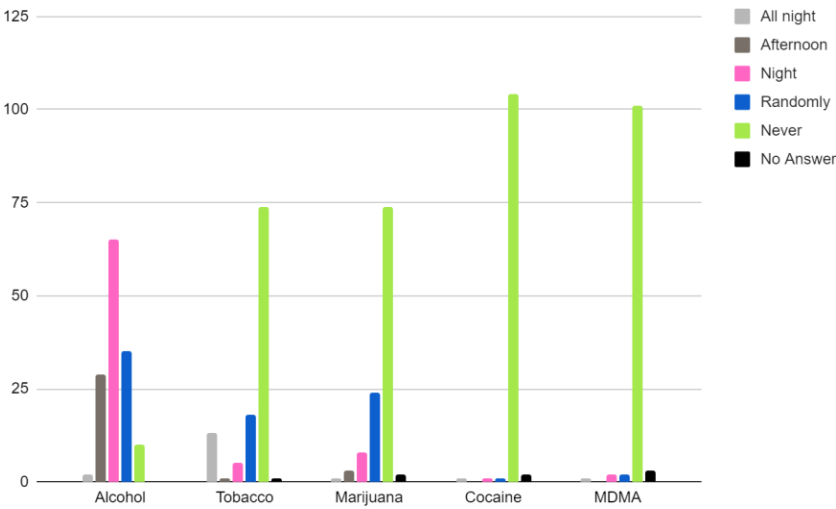


Graph 2. Studies.
Elaborated by authors

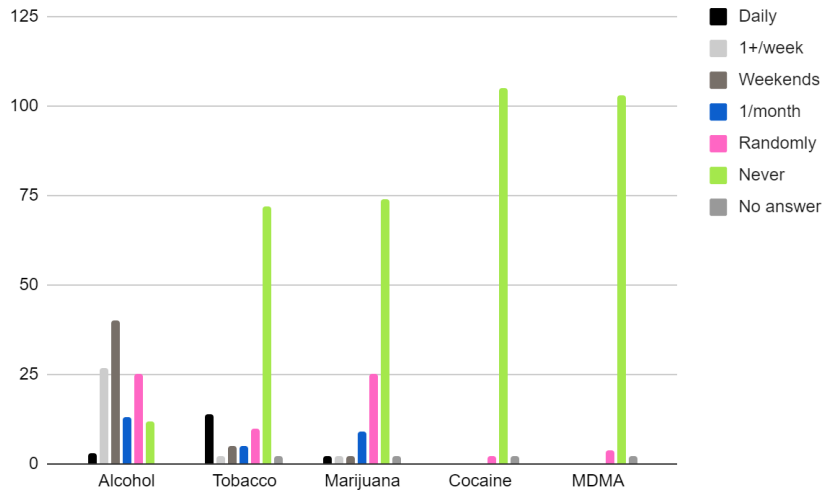
Do you ever consume drugs (marijuana, cocaine, MDMA) ?

109 responses

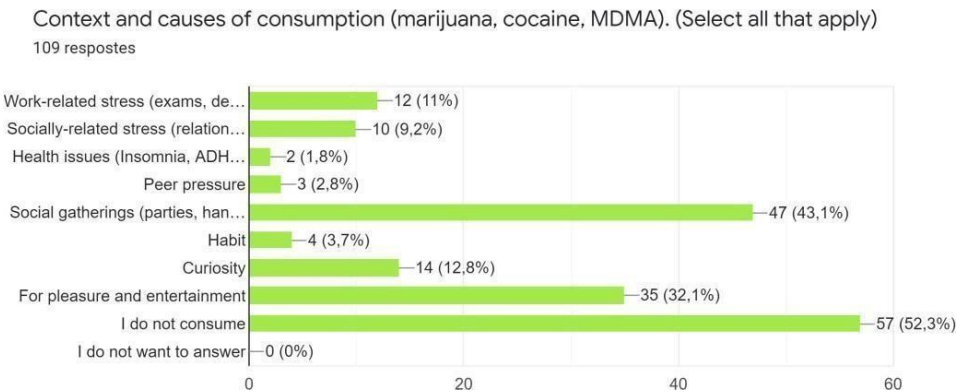


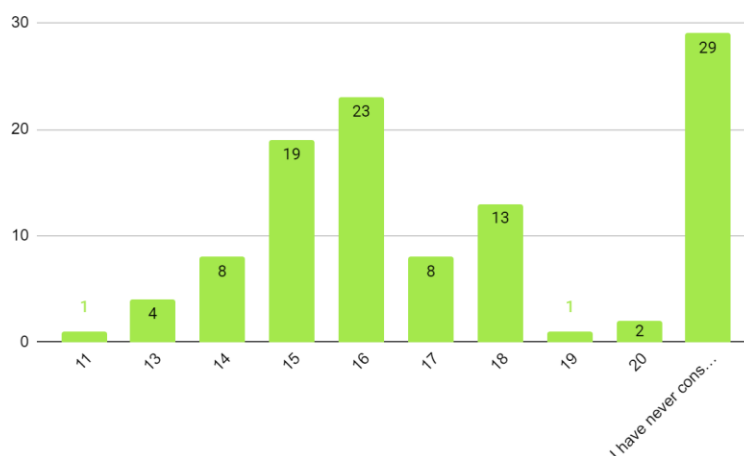


Graph 4. When do you usually consume (pattern)?
Elaborated by authors



Graph 5. When do you usually consume (frequency)?
Elaborated by authors



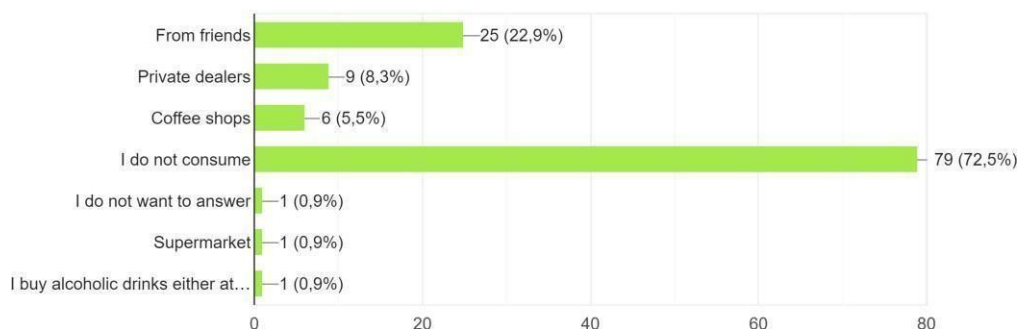


Graph 7. When did you start consuming (age)?

Elaborated by authors

How do you get supplied with substances (marijuana, cocaine, MDMA)? (Select all that apply)

109 responses

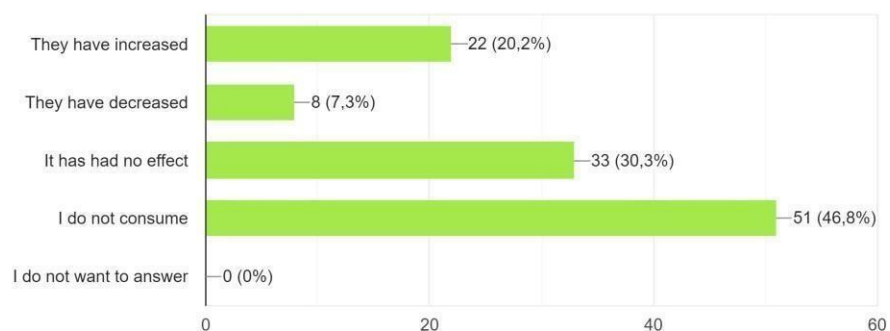


Graph 8. How do you get supplied with substances (marijuana, cocaine, MDMA)?

Elaborated by authors

How has university affected your consumption patterns?

109 responses

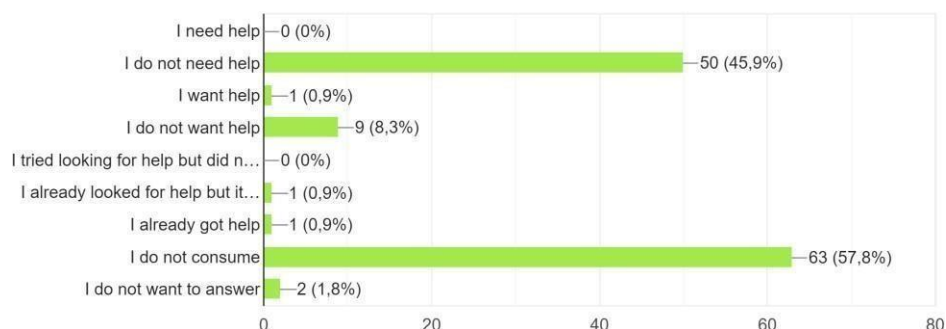


Graph 9. How has university affected your consumption patterns?

Elaborated by authors

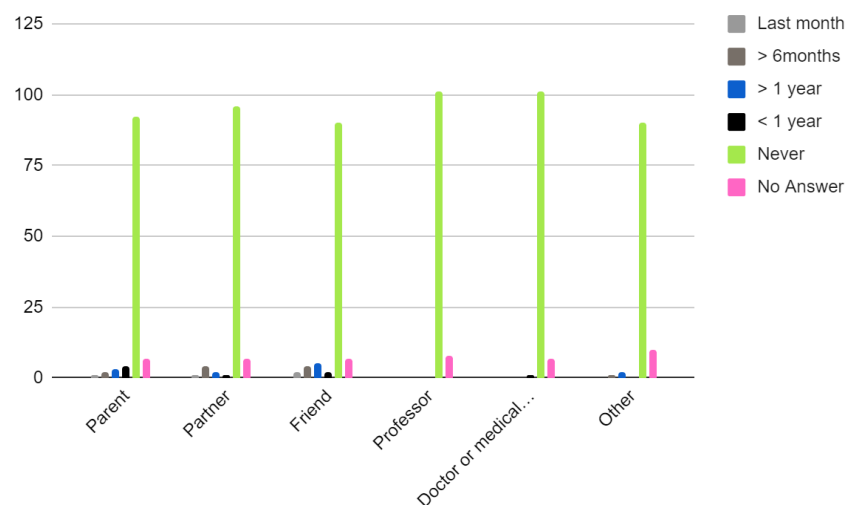
Select all that apply regarding the perception of personal substance use

109 responses



Graph 10. Select all that apply regarding the perception of personal substance use

Elaborated by authors

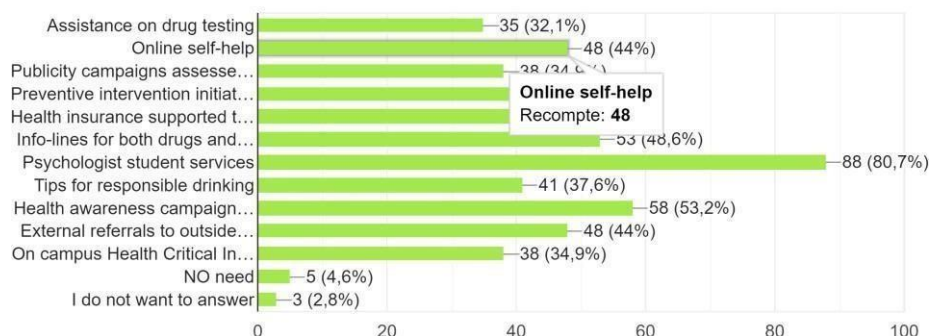


Graph 11. Has any member of your close environment shown concern regarding your substance use?

Elaborated by authors

Do you think UPF should implement any of the following measures?

109 responses



Graph 12. Do you think UPF should implement any of the following measures?

Elaborated by authors

Appendix C. In-depth interview design

In-depth interview design:

The interview will focus on two areas:

- 1) assessment of the department, measures and initiatives they have
- 2) interest, willingness in introducing initiatives related to substance abuse

The second part would also introduce initiatives existing in other places for the participants to assess (here the idea is to compare what they think are good programs vs. what students believe the university should introduce).

Initially we would aim for a semi-structured interview, where we can follow up with questions based on the importance they put on substances. In case we can only contact potential participants by email, we will send them a sample of the questionnaire (the key ones to our research) to get their take on it.

Key questions:

1. What is the mission of the department? And how is the department trying to achieve its goals?
2. Are students' needs and ideas addressed in the initiatives/programs of the department?
3. Does the department address the issue of students' substance use and abuse in UPF? (tobacco, alcohol, marijuana, cocaine, MDMA). If yes, how? If not, why not? In your opinion, are such initiatives needed at all?
4. Are there measures related to students' substance use and abuse in UPF that you would like to see implemented?
5. What are the biggest obstacles/challenges to taking measures in this area?
6. We have seen other universities around Europe implementing successfully the following measures and initiatives. Pick the ones that you believe the UPF community could benefit from and can be realistically implemented in the future.
 - Assistance on drug testing
 - Online self-help
 - Publicity campaigns assessed by professionals
 - Preventive intervention initiative (conversation program)
 - Health insurance supported therapy
 - Info-lines for both drugs and alcohol
 - Psychologist student services
 - Tips for responsible drinking
 - Health awareness campaigns and workshops
 - External referrals to outside support groups and health centers
 - On campus Health Critical Incident Team