

We Need to Talk About Drugs: Drug use and Liberatory Harm Reduction in the Clark University undergraduate population

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Abstract

The objective of this research project is to gain insight into the drug use and related challenges present in the undergraduate student body of Clark University through a framework of Liberatory Harm Reduction. In order to evaluate the state of substance use in Clark undergraduates, I collected quantitative data using an anonymous Qualtrics survey with 274 participants, establishing a baseline dataset for the drug use of Clark students that examines delivery methods, types of drugs, settings of use, and level of emergency preparedness. I also collected qualitative data through interview processes with 1 administrator and 1 faculty member of Clark University focusing on how response to student drug use and punitive processes impact their position within a higher academic institution. By combining survey and interview data, this study characterizes institutional responses to student drug use as ineffective, and presents ideas for improving student safety rooted in a theory of Liberatory Harm reduction; composed of 4 core elements: autonomous organizing, popular education, abolition of policing, prisons, and drug prohibition, and transformative justice and care.

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Introduction

During my first weekend living on campus at Clark University, I was sitting at my desk when I heard a police radio outside my second floor window. It was Saturday night and Dana Hall, my first-year dorm, was alive with the sound of booming music and laughter. Loud groups of intoxicated students hung out around the quad, in transit between off-campus parties and gatherings in student dorms. But seemingly out of nowhere, it went silent in front of the building. Listening to the police radio, I discovered that there was a student who had been found unconscious in front of the building and needed to be hospitalized. I later was told through word of mouth that this student had been roofied at an off-campus party and had come back to the dorm with a group of friends, who were seemingly no longer with them. I was deeply concerned upon learning about this situation, knowing that if there hadn't been intervention, the student could have died. I was also concerned about the group of friends who would leave someone in such a condition.

At the time, I was aware of another drug-related incident that occurred the week prior in Connections - my orientation program. A student living in Dana Hall used cannabis for the first time and had a negative reaction resulting in a panic attack. This student was left behind by a group of their peers who were unsure how to handle the situation and feared repercussions. Later, the whole orientation group was scolded by the head of the program and the student mentors were given time to talk through it. In both of these incidents, I was feeling frustrated that individuals were left alone in a vulnerable state, but I was also saddened by the lack of care that students were demonstrating towards each other.

These stories are just some of the many occasions in which Clark University campus police and/or Rapid Response were called to respond to a drug-related emergency in my time at Clark University. As a Clark undergraduate and community health worker, I am concerned about the culture of drug use within the Clark undergraduate student body and the level of education students have about drug use. There are so many factors that go into using drugs, some of which make college students particularly vulnerable. For example, first-year students may not possess much experience with party environments or substance use. And if they are not aware of the effects of a drug, the proper dosage of a drug, their ability to tolerate a drug, negative drug

interactions, underlying conditions, etc. then a first-time experience can go very badly. This is all without considering the setting of use, potential social pressures, and the preparedness of nearby peers should something go wrong.

These risks are further compounded by Clark's campus residing in Worcester, a city experiencing a crisis of overdoses and dangerous synthetic cutting agents. In my time as an employee of AIDS Project Worcester (APW), I worked directly with people using drugs. I have given out many doses of naran and spoken with survivors of overdose. I have seen the painful wounds and blisters that cutting agents like xylazine or "tranq" cause in clients and have been told about the dangers of drugs cut with fentanyl by people sourcing and taking drugs in Worcester. The reality is that Clark students are sourcing from the same drug supply.

In my first year at Clark, I did not receive any education or training regarding drugs and alcohol. This statement includes my orientation as a transfer student and my participation in Connections, an early-arrival program on campus. Of the three universities that I have attended and been oriented in, Clark is the only university who chose not to devote time to this topic. In the year following, Clark introduced the online module Alcohol & Other Drugs, through Get Inclusive, a platform built specifically for educating college populations with school-specific training. It's important to recognize that Clark students are coming to Worcester from around the world, and may not have the information needed to navigate how drug use shows up in a college environment.

Clark University policy prohibits the unlawful possession, use, and distribution of alcohol and illegal drugs on its campus, but that is not a preventative measure as any student or Residential Advisor will account. This policy is centered upon the idea that students will abstain from drugs, which fails to recognize the lived reality that Clark students and university administrators are currently grappling with. Interaction with and use of drugs is happening on and off the Clark campus. We cannot feign ignorance about student drug use under the heading of a "dry campus" when the negative impacts of drug use are causing harm to students on a regular basis. It's an open secret. We need to talk about drugs.

Setting Intentions

I'm approaching this project as a practitioner of Liberatory Harm Reduction (LHR.) In my own words, the term harm reduction refers to an approach to community health that aims to reduce the negative impacts of a stigmatized behavior through individual actions and collective systems of support. A harm reduction approach is informed by the idea that nobody is disposable and that everyone is worthy of agency, safety, and support. This investigation has been undertaken with that tenant at its core. This means that I will not enable or participate in stigma or punitive measures against people who use drugs. In the context of substance use, the practice of harm reduction often takes the form of drug and alcohol education, distribution of materials that reduce the risks of use, community spaces designed to support PWUD, training and crisis management for emergencies like overdoses, drug checking programs to monitor local supplies, and more. These strategies did not originate within the nonprofit industrial complex or government-sponsored health initiatives, but from the lived experiences and survival mechanisms of people who use drugs, unhoused or homeless people, sex workers, people living with HIV/AIDS, Mad people, and generally those who are impacted by criminalization. I will expand upon this further in my conceptual framework. In order to outline what harm reduction may look like in practice, I've listed several of the harm reduction efforts that I have been a part of below:

- **Material Harm Reduction: Syringe Service Program** - Over the summer of 2023, I volunteered for 8 months in a syringe service program (SSP) where clients walked in anytime during operating hours to trade in used syringes to receive new, sterile syringes on a 1-to-1 exchange model. The purpose of this program was to reduce the spread of disease, prevent improper sharps disposal, decrease the risk of injection-site injury, and create support systems that allow people experiencing addiction to find options for support and recovery, if they desire.
- **Communal Harm Reduction: Peer Support** - Starting in March of 2020, I worked for one year as a peer support worker for a program centering the health of LGBTQ+ people of color ages 13-25. Our model of peer support meant that my job as a peer leader was to facilitate support groups, develop programs to appeal to my peers, and offer advice in

combination with education about drug use and sexual health. My work allowed a public health message and supportive resources to successfully reach other LGBTQ+ youth and young adults in a way that was understanding of their experiences and diverged from the stigmatizing and punitive attempts at education they had received in the past. Peer models of support also extend into my interpersonal relationships as I provide sexual health education, crisis support and suicide intervention to my friends, family, and community.

- **Communal Harm Reduction: Knowledge and Resource Sharing** - Through my organizing and public health work, I've become a source of information, peer support, and provider of harm reduction materials for my communities. Distributing condoms, KN-95 masks, fentanyl test strips, and Narcan allows for the co-creation of space to combat stigma and have important conversations about HR strategy. It also creates opportunities to learn from the personal harm reduction practices of other people who use drugs - which is very exciting!
- **Societal Harm Reduction: Seatbelts as a Social Norm** - As a person living in the world, specifically the United States, I participate in the social norm of wearing a seatbelt when riding in a vehicle. It is mandated by law in the state of Massachusetts and is a daily habit instilled in me by my parents since I was very young. By the time society realized the risk motor vehicle accidents posed to public safety, cars had already been integrated into everyday life. So, to reduce the harm incurred by vehicle accidents, laws were passed and safety measures like seatbelts were engineered and are now used across the world, everyday.

Guiding Questions:

This inquiry is guided by the following questions:

- What drugs are being used by Clark University undergraduates and how are they being consumed?
- How informed are Clark University undergraduates about the drugs they are consuming and in what ways are they lacking awareness?

- How prepared are Clark University undergraduates to handle drug-related emergencies? In what ways are they supported and not supported by the university?
- What is Clark University's approach to drug use within the undergraduate population and what is the impact of this approach?
- What educational programming and support systems, if implemented, can be expected to reduce the incidents of drug-related emergencies and prevent or reduce overall drug-related harm?

The first four questions are designed to examine the current realities on Clark's campus. The final question uses the knowledge gleaned in the first four questions along with additional research to develop a proposal for ways that students at Clark University could better address the negative impacts of drug use on campus. This thesis is an openly critical examination of Clark University's current policies and practices; working to come to person-centered, non-punitive, risk-reductive solutions to drug-related issues.

A Review of the Literature

Drug Use in US American College Students

Drinking and drug use have been an American college passtime for decades, as an activity that has been integrated into the fabric of campus life. Each academic institution has its own unique landscape with geographic, environmental, and cultural factors that influence the prevalence of drug and alcohol use and adverse events. Monitoring the Future (2022), a longitudinal study of substance use in US adults, has tracked key trends and patterns in collegiate (ages 19-22) drug and alcohol use since 1976, finding a prevalence of cannabis use (40.3% in past 12 months), alcohol use (76.4% in the past 12 months), binge drinking (30.4% in the past 2 weeks), and "high intensity drinking" defined as a single session of 10 or more drinks (10.5% in the past 2 weeks) (Schulenberg et al., 2022). Notably, alcohol use, binge drinking, and Adderall use, were all found to be significantly higher in college students when compared with non-college young adults. Every student possesses their own set of risk factors related to drug and alcohol use, including genetic susceptibility, history of use, level of drug education, and parental attitudes towards use. (White, 2013) However, the transition into college life brings

many changes and additional factors. In his role at the National Institute on Alcohol Abuse and Alcoholism, researcher Aaron White, Ph.D, found that students of lower class standing were at a higher risk of adverse events or problematic relationships to drug and alcohol use, as the stressful life transition, peer influence, and lower perceptions of drug-related harm resulting have the largest impact in the first year of college life, with less of an effect each consecutive year. Students who perceive substance use by their peers to be normative are more likely to be at risk of developing a problematic relationship to substances (Welsh et al., 2019)

Some factors for binge drinking are built into the geography of campus life. Studies have found that for students, proximity to alcohol sources, drink specials, and off-campus parties and bars contributes to elevated rates of excessive drinking (White, 2013). Participation in off-campus drinking can be more appealing to students, as it falls outside the punitive policies of higher ed institutions, but may also present new challenges for students as they are using in a new, foreign environment with people they may or may not know. The culture around college drug and alcohol use risk is also a key contributor to student habits and prevalence of adverse events. Binge drinking is an abnormally high phenomena in US American college students compared to the rest of the world with trends such as keg stands, borgs, and a variety of drinking games originating and prevailing on college campuses in the United States. Binge drinking is defined by most metrics as consuming five or more drinks in an evening, with sex-based definitions specifying four or more drinks in an evening for females or five or more for males over the course of two hours (White, 2013). Using MTF's statistics, the 30% of students who regularly drink at the level of binge drinking are at elevated risk to, "get behind in school work, do something regretful while drinking, experience a memory blackout, have unplanned sex, fail to use birth control during sex, damage property, get in trouble with police, drive after drinking, or get injured" (Wechsler, 1996, p. 23) However, some data sets have found that, "more than one-half of all alcohol-related consequences resulted from drinking occasions in which four or fewer drinks were consumed' (White, 2013, p. 206), meaning that activity that does not fit the definition of binge drinking may still present significant risk to college students. Identifying the liabilities that exist within drug and alcohol use in college students is important so that they may

be educated on and responded to. However, it must also be recognized that students are capable of understanding and responding to these issues at a peer level.

Student-led Harm Reduction on College Campuses

Nobody is better positioned to improve the level of safety on college campuses than college students themselves. Throughout the history of harm reduction, people who use drugs (PWUD) have led the way in strategizing and creating the conditions for risk reduction. College students across the country are now organizing to become a part of that legacy within their own communities. In Fall of 2023, Stanford University students were successful in installing 100 shelves containing free Narcan and fentanyl test kits in every campus dorm. The assembled kits containing fentanyl test strips, instructions, and other supplies were assembled by Chem-X, a Stanford initiative focused on providing all equipment needed to test for fentanyl, a highly potent synthetic opioid and common contaminant in the street supply. This was a culmination of the efforts of several student organizations including the Campus Opioid Overdose Prevention Project (CO-OP) who relentlessly advocated to break through the abstinence approach used by Stanford. Eventually CO-OP formed a partnership with the Office of Substance Use Programs Education & Resources (SUPER) resulting in the development of a peer education program, Narcan training, and the inclusion of overdose detection as a mandatory part of resident assistant (RA) training (Munis, 2016). CO-OP was successful in changing the landscape of harm reduction on Stanford's campus at a peer level and institutional level, fundamentally changing the college experience for generations of students to come. The two pronged approach of education and supply distribution is a model long-used in harm reduction spaces to ensure that PWUD are equipped with the tools and knowledge to make informed decisions in conditions that allow for risk reduction.

Students at the University of North Carolina Chapel Hill organized in a similar manner to CO-OP after a 19-year-old student died of a poly-substance-related overdose in a Duke University college dorm room in March of 2023. The Carolina Harm Reduction Union was founded specifically to educate UNC community members about the use and proper administration of naloxone in case of an overdose or adverse event. When speaking about their

efforts to the press, student leaders reflected upon previous tragedies: “What struck me about the stories, once they came out, is there were so many opportunities for both bystanders and some of the medical personnel involved who could have administered naloxone and could have saved [lives]” (Long, 2024, para. 6). Students are acting as the first responders to overdoses and adverse events on campuses across the country, but far too often are unequipped. Stanford’s Campus Opioid Overdose Prevention Project and the Chapel Hill’s Carolina Harm Reduction Union realized that their institutions were not rising to meet the crises at hand, and self-organized to push for change. The harm reduction framework used by these organizations center students as the experts on their own lives, recognizing that drug and alcohol use is an inevitability in college life. This is a step that many colleges and universities have not been able to make, largely due to existing punitive policies towards drug and alcohol use that inhibit students from openly discussing use and risk.

University Drug and Alcohol Policy-Making

Very little research has been done in the United States regarding the usage of higher ed policies in preventing or regulating alcohol and drug use. In reviewing the literature, it’s become clear to me that the behavior of college students is almost always the area of investigation, not the actions of institutions. When discussing these institutional policies, it’s important to note that all higher education institutions that receive funding from the US Department of Education are required to maintain a set of campus alcohol policies (CAP) to continue receiving federal funds. A compliant CAP policy must, “1) ban unlawful possession and use of alcohol; 2) state applicable local, state, and federal laws; 3) describe the health risks associated with alcohol consumption; 4) cite any available alcohol counseling/treatment programs; and 5) clearly enumerate the sanctions to be imposed in instances of policy violation.” (Jernigan et al. 2019, p. 3)

A study by Jernigan et. al, including several schools of public health, set out to analyze the efficacy of university policies using measurement tools developed over the past ten years. Within their analysis, they found a tool by Faden and Baskin that measured online accessibility of policies, including the location of alcohol and drug policies and comprehensive information

within them. “The authors found that alcohol policies were difficult to find online at the majority of the 52 schools [in the dataset]. Policy components were often dispersed among multiple pages on the schools’ websites, and the information provided was often incomplete” (Jernigan et al. 2019, p. 4). Another measurement developed by Hirschfeld et al. (2005), built off of Faden and Baskin’s assessed accessibility, clarity, and effectiveness according to a panel of experts in the fields of higher education and public health. This research found that, “language used to communicate the policies tended to be complex and above the reading level of someone with a high school education... indicating that even the most “clear” CAP would be considered difficult, confusing, and best understood by someone with at least some college education” (p. 9). While the tool of measuring efficacy is highly subjective, experts recommended the addition of new policies and revision of existing policies for almost all universities in the subject group. The study also concluded that, “deterrence is critical to effective enforcement, and rests on the perception that violations will incur swift, certain, and sufficiently severe sanctions” presenting criminalization as the “solution” to binge drinking on college campuses (Jernigan et al. 2019, p. 10).

However, it’s clear that college students have been and will always use drugs regardless of their “perception of consequence,” proving that policy is a highly questionable means of deterring drug use. This is also reminiscent of the faulty logic perpetuated by the War on Drugs, that “tough on crime” policies would scare the public into not using drugs. The reality is that rates of drug use have continued to grow year over year in the US American population (NCDAS), and all these policies have succeeded in doing is locking PWUD away and expanding the prison system. The harms of criminalization are largely unaddressed in research of US American college drug use, which is a decidedly unjust approach that labels students as the problem for engaging in a normative human experience. Even the clearest and most accessible CAP does not automatically correlate to a change in student behavior. But the enforcement of a CAP through conduct processes or criminal charges may negatively impact students’ emotional wellbeing and life prospects in the long term.

The Elements of Liberatory Harm Reduction:

I have chosen to frame my thesis around a theory of “liberatory harm reduction” in defiance of the ways in which harm reduction concepts have been co-opted by public health, social services, law enforcement, the medical industrial complex, and academia. As someone with years of experience working in public health and academia, I have witnessed how data collection/surveillance, mandated treatment, recovery requirements, collaboration with law enforcement, and other violent practices have been justified by the use of manipulated harm reduction frameworks. These professional fields are reliant upon hierarchy (of information and of power), private funding sources, and prohibitionist law and policy that threaten the freedom and the lives of people who use drugs. In response to this co-optation, I am adding the term “liberatory” to harm reduction to reflect the grassroots of this practice that developed strategies for survival within a stigmatizing and violent society; as a movement in opposition to structural violence, the neglect and abuse of the state, and the failures of the medical industrial complex. My use of the descriptor “liberatory” is also meant to indicate that these elements are generative, and are working to build a liberated future grounded in care, autonomy, freedom, and abundance.

The National Harm Reduction Coalition makes distinct two definitions of harm reduction:

“(H)arm (Reduction): A philosophical and political movement focused on shifting power and resources to people most vulnerable to structural violence”

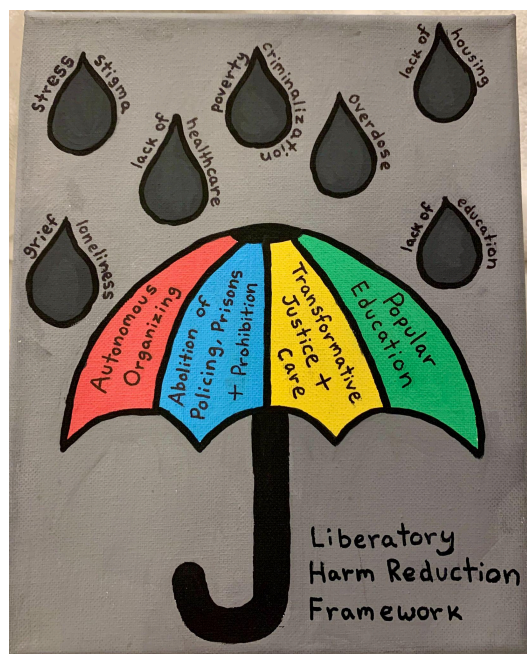
“(h)arm (r)eduction: The approach and fundamental beliefs in how to provide [harm reduction] services”

I will similarly be presenting liberatory harm reduction as a movement and a practice. Attempting to summarize the values of an ever-growing, decades-long movement (and even older function of human survival) is a very daunting task. In claiming the framework of liberatory harm reduction, I have a responsibility to uphold a legacy that people fought for; that cost people their freedom and their lives. My theory is grounded in the histories of those who

have developed the framework, specifically within the United States. Harm reduction was founded by: sex workers, people who use drugs, queer people, HIV+ people, disabled people, unhoused/homeless people, poor people... I will be focusing primarily on the experience of PWUD, as that experience is the core interest of this research.

Visualization

In constructing a visual for my conceptual framework, I wanted to draw upon a historically



significant symbol within the Liberatory Harm Reduction movement. The red umbrella has been used as an international symbol for sex workers and sex worker's rights since 2001, after its use by the Committee for the Civil Rights of Prostitutes during a march for sex worker rights in Venice, Italy and in the "CODE:RED" installation by Slovenian artist Tadej Pogačar (GNSWP, 2021). Other metaphors I considered when choosing an umbrella include: umbrellas as a tool of protection, umbrellas as an object to be shared, umbrellas as a place to gather, and as an item used to prevent risk under conditions out of one's control. Also, somewhat ironically, as an item that college students don't

use, even when it is helpful and necessary (Dugdale, 2023). I labeled the dark raindrops with some of the conditions and societal problems that Liberatory Harm Reduction aims to reduce/eliminate. As you can see in the image, I have identified four primary components of Liberatory Harm Reduction: Autonomous Organizing, Popular Education, Abolition of Policing, Prisons, and Drug Prohibition, and Transformative Justice and Care. I take up these concepts below.

Autonomous Organizing

The roots of Liberatory Harm Reduction organizing are autonomous, meaning they operate free from large institutions, resist structural violence (especially state repression), and

avoid the liability laws that dictate how social services, non-profit and medical industries operate. In the words of Sarah Daoud from *Saving Our Own Lives*, “Liability laws and other bureaucracy make the practice of honoring what people want to do with their bodies nearly impossible... We’d get fired, licenses revoked, maybe even arrested” (Hassan, 2021, p. 28). Due to regulation and law, centralized institutions tasked with solving public health crises are resigned to operating within the stipulations of the state and the funders. In practice, this creates institutions that are focused on keeping the lights on, keeping people employed, and keeping the institution lawsuit free. (Hassan, 2021, p.113) Many of these centralized institutions participate in structural violence by design in order to maintain power. Mandated reporting and “liability laws greatly impact [institutions’] abilities to respond to harm without calling the police or filing paperwork with the state,” causing them to be active participants in criminalization, surveillance, and policing (Hassan, 2021, p. 34). In addition to the danger this poses to individuals and communities, collusion with systems of oppression causes institutions like the medical industrial complex to be unequipped to do their job of providing care. Further, organizations that cooperate with the state and its enforcement agencies foster distrust among the people they are purportedly serving. It is impossible to provide liberatory care in an environment tainted by fear, stigma, and mistrust. While there may be power in their money and political influence, reform will not “fix” the harm large institutions cause. They will not set us free.

Liberatory Harm Reduction practitioners know this and in turn, autonomously create the systems of care needed for their communities to survive free from monitoring and regulation by state or funders. I agree with scholars like Christopher Smith who characterize the Liberatory Harm Reduction movement as a fundamentally anarchist form of practice which is inspired by values of anti-authoritarianism, distrust of hierarchy, and mutual aid. (Smith, 2012 para.14) The direct action of the movement can also be analyzed through the use of the anarchist, “temporary autonomous zone” or TAZ defined as, “an uprising which does not engage directly with the State, a guerilla operation that liberates an area (of land, of time, of imagination) and then dissolves itself to reform elsewhere/else when, before, the State can crush it” (Smith, 2012 para. 10). These actions are coordinated by affinity groups, collectives, and communities and do not

rely upon the state (or other institutions) for problem-solving. I argue that this makes them much more effective at building collective power and meeting immediate needs.

Some of the first publicized social platforms for liberation-oriented healthcare in the United States can be traced back to the work of the Black Panther Party (BPP) and the subsequent work of the Young Lords Organization (YLO). A central tenet of the Young Lord's platform was free, accessible, and well-funded healthcare that centers the needs of workers and patients as outlined in their Patient Bill of Rights (Young Lords Organization, 1970). During the 1960s, the New York YLO observed elevated levels of tuberculosis, addiction, infant mortality, and need for elder care in the Bronx due to the impact of classism and racism on living conditions and government funding. After several rounds of demands were delivered to the state with no response, they escalated. This included a 12-hour occupation of the state-underfunded Lincoln Hospital, the kidnapping of a New York City-owned tuberculosis testing truck for communal use, and the takeover of local churches to host community health clinics (Francis-Snyder, 2021). The YLO defied law and policy to better the conditions of the Bronx, mobilizing in the form of temporary autonomous zones to literally seize the power needed to keep their community alive, contributing to a legacy of principled autonomous organizing and action amongst Liberatory Harm Reductionists. Modern Liberatory Harm reduction builds on these historical models, recognizing not only the dangerous imposition of the state on liberatory health care, but also the impositions of private money and other organizations regulating compliance.

Popular Education

All innovations within the Liberatory Harm Reduction movement have been generative in information and in tactics, as individuals, organizations, and communities have built upon previous history and work. The passing down of knowledge and skills has long served as a strategy for oppressed and criminalized communities to stay alive and care for one another. This can also be referred to as Popular Education, "the process of bringing people together to share their lived experiences and build collective knowledge." (Highlander Movement School, n.d.)

This concept of Popular Education is commonly attributed to scholars like Paulo Freire, who authored the foundational text, *Pedagogy of the Oppressed* (1970).

In their review of the literature on popular education in healthcare, Wiggins (2012) found the framework of popular education to be an effective method for improving health, forming connections between theories of popular education and the “empowerment framework” being adopted by progressive US American health entities. These terms describe a process consisting of: 1) personal experience and identity formation, 2) participation in community development and knowledge-building, 3) development of critical consciousness, 4) action for socio-political change and 5) the shifting of power and conditions towards a more just world. Popular education aligns with practices used in the Liberatory Harm Reduction movement, in that it equalizes power by recognizing lived experience as knowledge and inviting all people to teach and learn from each other for the purposes of taking action.

The work of ACT UP (AIDS Coalition to Unleash Power) was one of my first introductions to effective and educational messaging for Liberatory Harm Reduction. ACT UP served as a catalyst for community safety and national awareness during the start of the ongoing HIV/AIDS epidemic in the United States. In response to death and crisis, ACT UP rejected what was deemed moral and civil by society. They were loud in their messaging, wrapping the home of politician Jesse Helms in a condom, invading St. Patrick’s Cathedral during Mass, laying siege to the Food and Drug Administration and the National Institutes of Health, and dumping the ashes of comrades who had died of AIDS on the White House lawn (Specter, 2021). Not only did they demand attention, but they also set out to give their communities the tools to understand HIV/AIDS and protect themselves and their loved ones. Using their communal decision making practices and personal experience they hosted teach-ins and created propaganda to educate about the use of condoms to prevent HIV transmission directly to those most at risk, in addition to the public at large.



“Members of ACT UP [were] more concerned with describing behaviors in accurate, understandable terms than with observing conventions for public discussions about sex... Thus, ACT UP materials use language from the streets, words that are graphic rather than euphemistic and that frequently offend middle-class sensibilities.” (Fabj & Sobnosky, 1993). This usage of “street language” and the depiction of queer sex/intimacy is significant as it was (and still is) in total defiance of what public health messaging looked like for the average US American. The conditions and language of ACT UP’s popular education was reflective of Popular Education in that they were seeking to build a world without stigma, shame, or misinformation; a world that holds politicians and governments accountable. As seen in the graphics above, ACT UP’s popular education was frequently accompanied by a call to action, urging those who care about HIV/AIDS and queer communities to “declare war” on the governments neglecting the crisis, to “take direct action,” “ACT UP for life,” and “take control of [their] body.” The visuals depicting gay sex and eroticism served as a successful communication method within queer culture while inviting the wider public to participate in collective socio political action. Not only did ACT UP contribute to the de-stigmatization and prevention of HIV at the time, but ultimately their campaign of direct action against pushed the United States government to act, creating entirely new pathways for drug trials through the Food and Drug Administration and compelling the

medical industrial complex to treat those with HIV and/or AIDS with dignity as equally worthy patients (Specter, 2021). ACT UP's transformation of health information into aesthetics and calls to action serves as a key example of innovation in LHR work in the United States; affirming the necessity and efficacy of education that is anti-stigma and culturally-relevant.

In the modern day, Popular Education remains a core principle of the LHR movement. With the rise of the internet and social media, new means of sharing facts and HR best practices have emerged to match the challenges of an impenetrable healthcare system and increasingly toxic drug supply. Instagram posts and virtual trainings have joined the legacy of wheatpasting and street education as expressions of collective knowledge through public art and events. These creations continue to function as a weapon against misinformation and the dehumanization of HIV+ people and PWUD by the public and the state. The knowledge of oppressed communities created through struggle will always prevail as the most valuable form of education within Liberatory Harm Reduction.

Abolition of Policing, Prisons, and Drug Prohibition

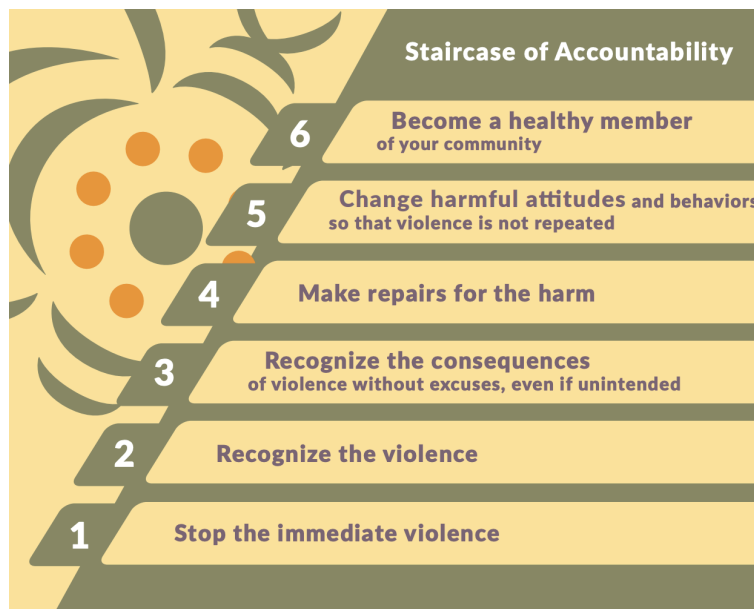
The approach to abolition within the Liberatory Harm Reduction movement is interconnected with the work of Black feminist scholars and organizers working towards prison and police abolition in the United States. Critical Resistance is an organization founded by scholars Ruth Wilson Gilmore, Angela Davis, and many others in 1997, dedicated to the abolition of the prison-industrial complex (PIC.) The term prison industrial complex is defined by Critical Resistance as, “the overlapping interests of government and industry that use surveillance, policing, and imprisonment as solutions to economic, social and political problems.” This framing of the PIC as a punitive response to societal crisis raises an interesting parallel to the “harm reduction” practices of the state and medical industrial complex. Smith (2021) reminds us that concerns regarding 'public order' and 'public safety' have often been the justification for institutional harm reduction interventions, not compassion nor care. This has led to the creation of state-sponsored “harm reduction” interventions that are focused on data collection (surveillance), mandated reporting (policing), and involuntary commitment or forced treatment via systems like drug courts (imprisonment). Smith asks a very important question:

whose harm does non-liberatory harm reduction policy seek to mitigate and reduce, that of people who use drugs or of greater society? Critical Resistance defines abolition of the PIC as, “a political vision with the goal of eliminating imprisonment, policing, and surveillance and creating lasting alternatives”. The most important element of this definition is that abolition, like Liberatory Harm Reduction, calls upon us to move beyond the unjust systems that have been imposed upon us.

There exists no doubt in my mind that the greatest harm being done to the Liberatory Harm Reduction movement and to people who use drugs is perpetrated by the state, police, prisons, and prohibitionist law. Decolonial scholars such as Daniels et al. (2021), point out that humans have used drugs for millennia and characterize drug prohibition as an instrument of colonization that “advance[s] and sustain[s] the systematic exploitation of people, land and resources, as well as racialized hierarchies.” This traces the criminalization and moralization of drug use to the very foundations of the United States, used as a repressive tool of cultural and social control by European colonizers when forming their new, “more civilized” society. In addition to law, colonization successfully created a culture of stigma around drugs, teaching people to police and discard one another on the basis of drug use. The after-effects of this are incredibly apparent in the modern United States as a country with one of the highest rates of incarceration in the world, where every 31 seconds, someone is arrested for a drug offense. Where over 85% of drug arrests are for possession alone and 1 in 5 incarcerated people are currently locked up for a drug-related offense (Drug Policy Alliance). Since colonization, the US American public has seen several waves of violence and control by the government towards drug prohibition and criminalization. With the ongoing War on Drugs introducing mandatory minimum sentences that incarcerate people longer and policies that further penalize drug offenses in poor Black communities. It's clear that this effort has been a violent War on People Who Use Drugs by the United States government. By centering those who have been impacted by the violence of the PIC and the War on People Who Use Drugs, LHR seeks to build new systems of accountability and care that address harm without creating more violence. In response to this need, the Liberatory Harm Reduction movement has sought out, built, and adopted new forms of justice.

Transformative Justice and Care

Liberatory Harm Reduction is a movement built by survivors of systemic and interpersonal violence who have been failed and harmed by the prison industrial complex. People who use drugs, sex workers, HIV+ people, unhoused people, etc. are aware of our own criminalization and of the ways in which the PIC does not work towards justice for us. As a result, and in solidarity with the movement for abolition in the United States, Liberatory Harm Reductionists have adopted models of justice that do not rely on the state. As defined by Saving Our Own Lives (2021), “Transformative Justice is a belief and practice that invites us to transform the root causes of violence, and to respond and repair interpersonal harm without the involvement of the state.” The power of transformative justice (TJ) comes from its grounding in the community. It calls upon us to de-legitimize the systems of the state and PIC whose purpose is to take away freedoms, not uphold justice. TJ recognizes the experience and skills of everyday people in a shared community to address violence and harm as it happens while centering the safety of survivors. Allies to those who have been harmed or caused harm within a TJ process can take on responsibilities such as facilitating meetings between parties, keeping track of goals and logistics, offering resources to improve quality of life, coordinating a safety plan, etc (Creative Interventions 2020). The focus is not on punitive measures or isolation of harm-doers, but on maintaining safety for the community, repair for those who have been harmed, and positive change for those doing harm. Below is a visual of the pathway to accountability taken from the Creative Interventions toolkit (2020), a comprehensive resource guide for understanding and engaging in transformative justice practices.



This staircase is one of many visuals presented in the toolkit and served as one of my first glimpses into transformative justice as a framework. Its strength lies in its simplicity, which is a stark contrast to the paperwork-heavy, expensive, and unjust processes of the state which aim to punish instead of stopping harm at the source.

Liberatory Harm Reduction and transformative justice provide survivors and criminalized people with options that we were never told existed - that aim to care for us and keep us safer than the PIC ever could. The two frameworks highlight “the idea that we are not our worst behaviors. It gives us permission to be accountable, grow, and change, and acknowledges that all survivors and all human beings are complex” (Shira Hassan 2022). TJ rejects the idea that it’s acceptable to dispose of people based on their behaviors or the harm that they’ve done. In contrast to the incarceration strategy of the state, this framework affirms the ability of all to change and be a part of a community without causing harm or trauma in the name of justice. “If Liberatory Harm Reduction is what we do on an individual level to increase our daily safety and personal accountability and to build deep relationships, Transformative Justice is what we do on a community level to address the root causes of violence and create alternative solutions to calling the police and depending on social services” (Shira Hassan 2022).

In alignment with Liberatory Harm Reduction, TJ teaches us that safety and justice are cultivated in community through care and relationships, not criminalization. At its root, we must recognize that stigma, misinformation, and criminalization perpetuate risk and danger when using drugs, not substances or PWUD. Fear of judgment or persecution are the reasons people hide their drug use or use drugs alone. Law enforcement is the reason why compassion clubs aren't allowed to provide safe supply to the community. NIMBY (not in my backyard) proponents blocking housing projects are the reason that some PWUD have no choice but to use in public spaces. Drug use is not an inherent threat in our society. Systemic violence and persecution of PWUD are the true endangerment to our lives and collective safety. Transformative Justice says that we can and we must create a world where we are committed to keeping each other accountable and alive.

Methods

For this research, I used a two-pronged approach of both qualitative and quantitative data. To gather quantitative data, I administered an anonymous online survey through the Qualtrics platform to a subject group of adult Clark University undergraduates. Subjects completed a 5-minute survey of questions designed to measure what substances are being used by students, how often students are using substances, what environments substance use is happening in, and assess prevalence of risk within student habits such as using alone and use of injection drugs. There were many drafts of the survey that were condensed to increase the survey completion rate. During the process of drafting, I gathered feedback from approximately 10 student peers and harm reductionist colleagues, which helped me narrow my interests to risk assessment and data on student behavior around drug use. The inclusion of a frequency measurement allowed me to draw conclusions about the intersection of these data points: risk within the repetitive habits of the undergraduate population.

To gather qualitative data, I interviewed 2 Clark university employees; including a member of administration and a faculty member. Topics of the interviews included: student safety/university emergency response, resources and referrals available on campus, and the dichotomy of criminalization and care. Through a series of interview questions in these

hour-long interviews, I gained insight as to how Clark as an institution approaches the issues arising from drug use in the undergraduate population and documented my findings in detailed written notes.

Clark University Site Description

I conducted my research at Clark University, the institution associated with this project and the university where I am enrolled in the Community, Youth, and Education Studies major. Located in the Main South neighborhood of Worcester, Massachusetts, Clark University offers undergraduate and graduate programs with a total of 2,361 undergraduates and 1,478 graduate students currently enrolled.

Clark University has a “Smoke Free Campus” policy under which, “smoking of any kind, including any electronic nicotine-delivery system or smoking device, is prohibited for the entire campus community in or within close proximity to all facilities, Clark-owned or leased properties, and areas occupied or controlled by the University. This policy applies to all faculty, staff, students, alumni, guests, visitors, vendors, and contractors,” (Clark University, 2024). The written policy is accompanied by external links to education about nicotine, general resources for smoking cessation, and internal resources related to counseling and healthcare for employees and students.

Clark University policy also prohibits the storage, possession, and usage of illegal drugs and alcohol, with violations resulting in disciplinary and/or legal infractions up to expulsion from employment or enrollment. In compliance with the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act of 1986, Clark lists limited information about drugs in university policy which focus upon the negative effects of drug use, university sanctions, and criminal penalties. The Drug Free Workplace Policy lists all of this information alongside external support groups and Clark’s internal Employee Assistance Program. This policy refers to drug use as “abuse.”

Clark University hosts a rapid response program (CURR), “a student-run squad that is available 24/7 to assist with medical emergencies. All responders are volunteer certified first responders or emergency medical technicians who are capable of assessing and treating minor

injuries, illnesses, and mental health issues.” According to statistics posted on the CURR Instagram account, intoxication was the fourth most common complaint within the 94 calls they responded to during the 2022-2023 school year. Emesis was the most common complaint within the 83 calls CURR responded to during the Fall semester of 2023. The data does not provide the cause of emesis, however I have been given anecdotal evidence by two CURR members suggesting that drug use is a recurring factor in on-campus emesis cases.

As mentioned previously, the city of Worcester where Clark is located, is experiencing a crisis of overdoses and synthetic cutting agents. The drug supply in the city is being cut with fentanyl and xylazine (“tranq”), causing overdoses and wounds in PWUD - particularly those using opioids. It’s important to acknowledge that this is the market that Clark students are sourcing their illicit drugs from.

Below are statistics sourced from the public Clark University Police 2023 Annual Security Report (ASR).

ARRESTS AND DISCIPLINARY REFERRALS REPORTING TABLE

ARRESTS/REFERRALS	YEAR	ON-CAMPUS PROPERTY	ON-CAMPUS RESIDENCE FACILITIES	NON-CAMPUS BUILDING OR PROPERTY	PUBLIC PROPERTY
Illegal Weapons Possession	2022	1	1	0	0
	2021	3	3	0	0
	2020	0	0	0	0
Drug Law Violations	2022	16	16	0	1*
	2021	47	47	0	0
	2020	31	31	0	0
Liquor Law Violations	2022	73	73	0	0
	2021	104	104	0	0
	2020	109	109	0	0

As can be seen from the table above, all of the arrests/referrals reported by the Clark University Police Department occur in on-campus resident halls. And almost all of them are for liquor or drug violations between 2020 and 2022. The vast majority of on-campus residences at Clark house undergraduates. More specifically, underclassmen (first-years and sophomores),

because of a policy that requires undergraduate students to live on-campus for 4 semesters and requires all sophomores to live on-campus. Priority is given to first-years and sophomores in the housing process, which leads me to the conclusion that a majority of the drug-related offenses recorded in on-campus residence facilities at Clark University involve underclassmen in their first or second year of college.

Research Subject Groups

Group One: Adult Undergraduate Clark Students - This study has two groups of subjects. Group one is composed of adult undergraduate students who use drugs and are actively enrolled at Clark University. There are 274 undergraduates in this group who completed or partially completed the survey. I chose not to collect any demographic or identifiable data on this subject group. A report on the Undergraduate Results of Clark's 2023 Diversity and Equity Climate Survey found a majority white racial makeup of the population of interest (60%) followed by mixed race students (22%). Clark also has a relatively high percentage of LGBTQ+ undergrads with 60% identifying under the umbrella and 20% of students identifying specifically as non-binary or transgender. Disability also impacts the undergrad experience with 45% of respondents reporting a psychological disability and 28% reporting a learning disability.

Group Two: Adult Clark Employees - The second participant group is composed of 2 adult employees of Clark University in administration and in faculty. My first interview was with Associate Dean of Students in the Division of Student Success, Kamaro Abubakar. In his role, Abubakar is one of the administrators notified directly when drug-related emergencies occur and is responsible for many elements of Clark's conduct process including the re-entry process for students with alcohol and drug violations. This interview gave me insight into the intricacies of the conduct process, the conditions leading to reported emergencies, and current policy changes being pondered. My second interview with Associate Professor of the Psychology Department, Professor Katherine Palm-Reed provided context for some of the required steps for students with repeat alcohol and drug policy violations or those reentering campus after drug-related hospitalizations. As staff for the BASICS program (Brief Alcohol Screening and Intervention for

College Students), Palm-Reed informed me of her concerns regarding education and risk within Clark's specific populations.

Researcher Positionality

The most relevant aspects of my positionality in the context of this inquiry are that I am a Clark student and a person who uses drugs (PWUD). To the Clark undergraduate group, I am a peer with shared experiences, living environment, and educational settings. I am an insider. I have lived on the campus of my praxis site for a year, and in that time I've developed an understanding of the party culture, drug activity on campus (especially in dorms), and the resources available. I am aware that asking about the drug use of Clark undergraduates within a study connected to Clark University may garner skepticism due to conduct policies. Therefore, making my positionality known to participants is important to me as I believe it will help to build trust. I deeply wish that I could develop a framework that places undergraduate participants as co-designers in this research, but I am extremely hesitant to take on any risk of participants being identified based on the information they contribute. I consider myself an outsider for the Clark employee participant group as I am a student who is able to observe the systems of the institution, but is not actively working within them.

I am a person who uses drugs for medical and non-medical or recreational purposes, as many adults do. This is information that I have chosen to make public record for the first time in my life for the purposes of this research. I feel it's important to further specify my positionality by stating that I have not experienced overdose or problematic substance use. My experiences as a PWUD influence the choices I make about my career, my political positions, and my perception of criminality. I understand that there is a stigma associated with naming yourself as someone who uses drugs, but I believe that this identification is very important to busting the stigma associated with these conversations. By choosing to be vulnerable in this way I hope to increase the confidence of participants in the protocols I am using to ensure anonymity, and in the intentions I have for this data as a researcher.

Findings:

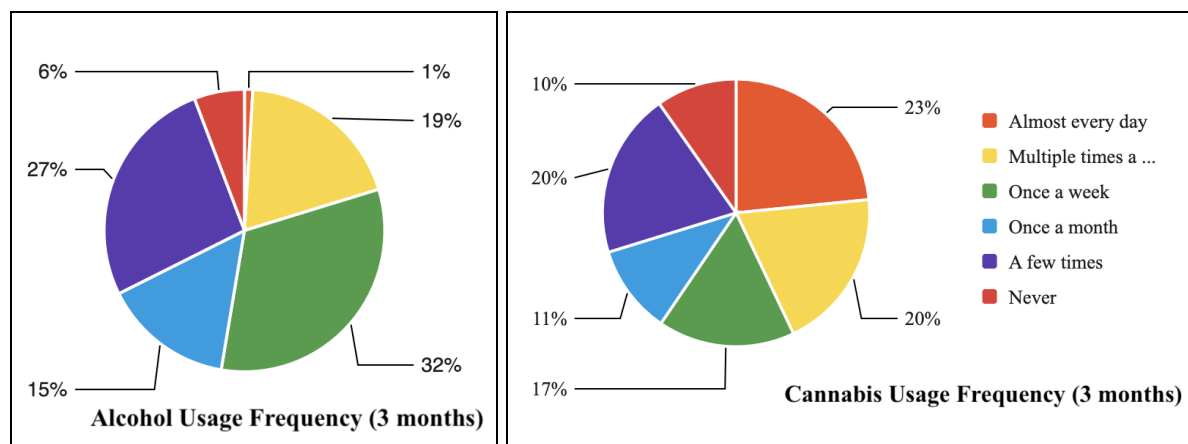
CUUSDS Survey Results

The Clark University Undergraduate Student Drug Survey (CUUSDS) received 291 unique responses between October of 2023 and March of 2024. Clark's student body was notified of the survey via tabling on the university campus, via social media posts, and via email through the Community, Youth and Education Studies Major email list. Out of that 291, 274 respondents fulfilled the qualifications of being an enrolled undergraduate student at Clark who utilizes drugs recreationally/non-medicinally. One of the primary goals of this research was to gather data on the drug use of undergraduates at Clark. Below is a chart comparing the statistics collected from the Clark University Undergraduate Student Drug Survey and the 2022 Monitoring the Future National Student Survey. It should be noted that the participant pools for these data sets are different. The CUUSDS specifically sought out participants who use drugs, while the MTF survey uses a general data set of college-age young adults, regardless of drug use/habits.

Drug	2024 Clark Uni Usage (3 months)	2022 National Uni Usage (12 months)
Cannabis	89%	42.6%
Alcohol	94%	81.8%
Hallucinogens	21%	8.1%
MDMA	4%	2.6%
Opioids	1%	0.2%
Stimulants	24%	5.6%
Other	5%	-

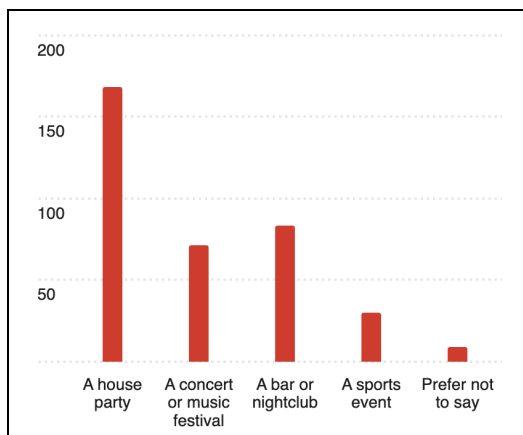
There are several statistical differences between the national statistics on United States university students and Clark University students. Rates of cannabis use at Clark are much higher than the national average at a difference of 46.4%. One possible reason for this contrast is

the status of legalized cannabis in medicinal and recreational forms in the state of Massachusetts which is only mirrored in about half the states of the US (Bryan, 2024, pp. 1). Several other discrepancies arose in the categories of alcohol and hallucinogenic drugs, with alcohol use at Clark being slightly higher than the national average (~7%) at 3 times the rate found in the MTF study. When prompted about routes of administration by the CUUDS, Clark undergraduates reported smoking (45%), swallowing (49%), and snorting (6%) in the previous three months. This information is especially interesting to the goals of this research as knowledge about routes of administration aids in the curation of information and harm reduction practices most relevant to the Clark undergraduate student body.



Alcohol and cannabis usage occur far more frequently in this population than any other drug. With a striking quarter of survey respondents having engaged in cannabis use almost every day for at least the past 3 months, and a fifth reporting use multiple times a week. This is a more dramatic statistic than alcohol, with 6% of respondents reporting daily use and 19% reporting use multiple times a week. The prevalence of frequent cannabis use within Clark's undergraduate population was a commonality in the 2 interviews I conducted as a part of this study with Dean Kamaro Abubakar and Professor Katherine Palm Reed. Both Clark employees expressed concern over the long-term impacts of frequent cannabis usage and recurring incidents involving cannabis overdose. I will return to this point in my reflections on the major concerns of Clark employees.

Drug use in a group environment is a part of the social fabric of college life, where students are introduced to new places, social groups, and opportunities to access drugs. Therefore, in connection with data about frequency, I also chose to survey Clark undergraduates about the environments where drug use is happening. When asked about group use, 68% of surveyed students reported using drugs in a group of 3 or more people at least once a week. About a fifth of participants reported using in a large group environment of 10 or more people once a week and another fifth report a frequency of once a month. I believe the distribution of data related to larger group use can be connected to the events taking place on or around Clark University's campus. For example, a regular pattern of using drugs in large group environments over the weekend.



House parties make up the majority of events as categorized by the CUUSDS, followed by bars and concerts. House parties are a unique environment where budding independence, abundance of drugs, games, and group mindset intersect. I am especially interested in catering resources to this part of the college experience as group use was cited by Clark university employees as a contributing factor to adverse drug experiences and emergencies.

Risk Profile of Clark Undergraduates

A further interest of mine in conducting this research was the prevalence of risk and informed use in the Clark University student body. Within the Clark University Undergraduate Student Drug Survey, I gathered numerical data pertaining to a few types of risk including

polysubstance use, drug interactions, solo drug-use, and more. The term polysubstance use describes the phenomena where PWUD use multiple substances at once. For Clark's undergraduate population, prevalent risks of polysubstance use include drug overdose or medical emergency, a negative use experience, or prescribed medications interacting with recreational drugs. When asked how often participants had engaged in polysubstance use, 27% reported using multiple drugs together at least once a week, 10% multiple times a week, and 3% on a daily basis. In my conversation with Professor Katherine Palm-Reed, Associate Professor of the Department of Psychology and staff for Clark University's BASICS program, (Brief Alcohol Screening and Intervention for College Students) polysubstance use was brought up as a concern for Clark students.

BASICS is described as an "evidence based program, based on motivational interviewing, which uses information about college student alcohol use to provide basic education about alcohol" (Palm-Reed Interview, 3/21/2024) and connect students to trusted staff in order to make plans for safer use. The time that Professor Palm-Reed spends with students in BASICS is confidential and mandatory for Clark students with multiple drug-related offenses or those who have received emergency transport off of campus due to drug use. However, at the time of the interview, 3/21/2024, there had been no referrals to the BASICS program for over 3 months due to students not meeting this criteria. In our interview, Professor Palm-Reed noted a specific concern regarding the mixing of high alcohol dosage with prescription medications, causing negative and unexpected effects. Kamaro Abubakar, Associate Dean of Students in the Division of Student Success echoed Professor Palm-Reed's concerns, reporting alcohol interactions with prescription drugs as one of the patterns found in drug-related medical emergencies handled by the university (Abubakar Interview, 3/13/2024). In her work with Clark students through BASICS, a key component that Palm Reed educates about is alcohol serving size. Her experience has led her to believe that some Clark students really don't know how much they are drinking (Palm-Reed Interview, 3/21/2024).

Data from the Clark University Undergraduate Student Drug Survey supports this observation. When prompted, 21% or one fifth of student respondents reported knowing the dosage of their drugs only some of the time to never. Dosage and source of drugs are important

elements of informed drug use, as it allows PWUD to account for variables like the strength of the experience, the length of the drug's desired effect, and their bodies' ability to handle dosage. This can inform future drug use to be less risky as users gain further understanding of how their body reacts to drugs. Another notable form of risk prevalent in the results of the CUUDS, is solo use or use of drugs while alone. 15% of participants report engaging in solo-use almost every day, 10% multiple times a week, and 11% once a week. Using drugs while alone is a leading risk for overdose death, specifically in people using opioids, which is not a commonly reported phenomena in this population. Professor Palm-Reed noted this phenomena as a potential concern for the development of negative patterns of substance use. The development of these personal variables for drug use is especially relevant in my studied population as one fifth of undergraduate students surveyed reported having tried a drug for the first time in the past 3 months. This statistic exemplifies why I approach this research from a Liberatory Harm Reduction Framework. College is a time of experimentation in many ways. Students who enter the campus environment with no information about drugs or emergency response are more likely to learn through negative experiences, not informed choices.

Clark's Approach to Student Drug Use

Clark University provides training on alcohol and drug use through a platform called "Get Inclusive!" (now known as Vector Solutions) dedicated to training designed specifically for college students. The contents of this training are mostly video, short-answer, and situation-based prompts with topics including dosage for alcohol, signs of problematic substance use, supporting others experiencing problematic use, and responding to an unconscious person. This training is required for incoming Clark students as of Fall 2023. Should students not complete the Get Inclusive training, Clark University policy is to place a hold on the student's account, preventing registration for classes, until completed. In my experience with the Get Inclusive Programming, I found the information in the training to be accurate to my knowledge as a harm reductionist, but the delivery to be very long-winded and tedious. It was easy to bypass the activities and short answer prompts with the click of a button, without answering at all. Some of the written prompts asked for very personal information relating to habits and experiences of drug use. Get Inclusive

claims it's not a reporting tool, yet they collect data on their participants as a for-profit company. These lines of questioning combined with a lack of transparency increases student distrust and serves as a distraction from potential training benefits.

When I spoke with Dean Abubakar about the perceived efficacy of Get Inclusive, he expressed that he “sees it as a checkbox,” not a comprehensive means of education because the platform can be “skipped through,” allowing students to bypass the information they may benefit from. This sentiment was repeated by Professor Palm-Reed who stated, “Get Inclusive! is the minimum bar we should be using,” emphasizing, “we need more focused prevention efforts on campus...” (Palm-Reed Interview, 3/21/2024). Both interviewees expressed interest in dramatically expanding the programming that Clark offers related to drug use - recognizing that in-person training, especially those led by students, would be much more effective and engaging. Aspirations include: a peer-based education program, bystander intervention training, and specific education about dosage, violence, consent, and laws - especially for international students. This was tempered by Palm-Reed's characterization of Clark's improvement in these areas losing significant momentum since the 2020 COVID lockdown.

There is a group of students that act as Clark employees in the presence of on-campus drug use: resident advisors. RA's at Clark University receive training on conflict management, disclosure of mandated reporting, responding to an unconscious person, and more. These trainings somewhat fluctuate year to year. RA's can be the first parties on the scene of a drug-related emergency as they are on-duty from 9pm to 8am. The existing policy mandates that RA's report drug-related activity to RLH staff who are higher in the chain of command and on-duty 24 hours a day for response. Clark University Police Department (CUPD), Clark University Rapid Response, and Associate Deans like Kamaro Abubakar are also available 24 hours a day to respond to emergencies. As it stands, there is no non-authoritative support staff available like a social worker to respond to emergencies.

Should RA's witness activity in violation of university policy, the process is as follows.

1. Resident Advisors or University Police witness a policy violation

2. Clark University Rapid Response and/or CUPD are called to respond if they are not already present and decide next steps. This may include emergency transport for further medical attention.

3. Resident Advisors call Residential Life and Housing staff (RLH). RLH or CUPD call Associate Deans.

4. If the student is well, a report is filed with the Associate Dean's office who follows up to engage in the post-incident conduct process. If the student is unwell, they are sent to a hospital and emergency contacts are outreached. The post-incident conduct or reentry process is engaged once the student has recovered and returned to campus.

Clark University collects data about these incidents using a software called Advocate, which I was not able to obtain from Dean Abubakar after several requests. Within our interview Abubakar noted a few major patterns: drug-related emergencies are most common during the fall semester on Friday, Saturday, and Sunday nights; with high-traffic areas for CUPD including Dana Hall and Maywood Dorm. (Abubakar Interview, 3/13/2024). This is supportive of the conclusion I drew in my site description: a majority of the drug-related offenses recorded in on-campus residence facilities at Clark University involve underclassmen in their first or second year of college. This response process heavily relies on police and mandated reporting systems to escalate the instance up the chain of command, in direct contrast with the abolition principle of my framework of Liberatory Harm Reduction. Abolition states that police pose a threat to life and freedom, especially for people who use drugs, and implores us to find other systems of safety and crisis response. Clark University Rapid Response is a valuable project as a peer-based medical response team, but they are at their core, an extension of policing on campus that is advised by CUPD and almost always accompanied by a CUPD officer. I figure that the main consequence of this reliance on carceral systems is a prevailing culture of students distrusting the reporting system because they understand that it is designed to be punitive. Dean Abubakar named distrust as a main reason that students don't engage in reporting and in student approaches to the conduct process.

Under the "medical amnesty policy" Clark assures amnesty, "for a drinking or drug conduct violation if you are experiencing a medical emergency, are reporting a possible sexual

offense violation, or calling for someone else experiencing such action,” (Clark University, 2024). However, “students who are transported and treated for acute drug or alcohol intoxication will be expected to follow up with a university administrator as defined by the conduct process.” The re-entry protocol after receiving off-campus medical attention is lengthy and remains unpublished by the university - meaning that these consequences are made known to students after they go through a negative experience. Below is an excerpt from the protocol document shared with me by Dean Abubakar.

1. Schedule and meet with a staff member of the Center for Counseling and Personal Growth (CPG), once per week or as deemed necessary by the CPG clinician
2. Schedule a monthly check-in meeting with your Residential Life Community Director
3. Schedule tutoring/writing center appointments: staff in these areas will provide support as you complete missing assignments for all your courses.
4. Health Services: Schedule and Meet with a Provider at Health Services after medical hospitalizations
5. Student Accessibility Services: Check-in with SAS to review your current accommodations and to discuss if their needs to be adjustments made due to your current circumstances
6. Strategic Learning Services program: Continue to meet with your SLS Coach for your regularly scheduled appointments
7. Meet weekly with the Associate Dean for Student Supports/Inclusive Academic Excellence

This re-entry protocol doesn't have a set time frame and doesn't outline the requirements for ending the process, as that is decided by the administrator in charge of the case - in most cases by Dean Abubakar, informed by the involved staff. While Dean Abubakar expressed interest in a “more restorative” type of process for alcohol and drug violations, it's clear to me that the process as it exists is antithetical to the principles of Transformative Justice and Care as laid out in the LHR framework. The re-entry protocol and those who enforce it may claim a “holistic” approach but this policy is quite literally a contract whose terms students must agree to if they want to return to Clark. The potential consequences of not following this protocol or

repeatedly violating alcohol and drug policy include expulsion, which is one of the most punitive actions Clark as an institution could take. Although Dean Abubakar noted in our interview that, “Clark students learn quickly,” and, “repeat offenders are rare.” (Abubakar Interview, 3/13/2024) Additionally, the time commitment of this process is significant. Working with a baseline of regular meetings once a week at a duration of one hour, a student following this protocol for 1 month following their violation would have spent a minimum of 15 hours a month or 5 hours a week devoted to this re-entry process. For first year students learning to juggle an advanced workload, socializing in a new place, searching for/working a new job, and more, this has the potential to greatly shift the experience of Clark and the support systems it hosts. This protocol is not an offer of support, it is an imposed requirement. A liberatory, care-based process would first and foremost be done with the consent of students and not led by university administration. It would center the student’s wants and needs by utilizing support systems they trust, with no consequences for lack of participation. I will expand further upon what this could look like in my conclusion.

The consistency of enforcement of the medical amnesty policy is something I was not able to measure in this study. Professor Palm-Reed conveyed to me that she “still [doesn’t] think students know that the amnesty policy exists,” (Palm-Reed Interview, 3/21/2024) which further brings into question the utility of this policy to Clark and the legitimacy of its claims given the caveats. I learned about this policy in my first semester during orientation at Clark, but certainly did not believe it at face-value. Even from a punitive lens that aims to prevent violations by forewarning of consequences, this policy doesn’t seem to be serving its intended purpose.

Preparation for Drug-Related Emergencies

The Clark University Undergraduate Student Drug Survey collected a small amount of data on training related to drug-related emergencies. As mentioned previously, one source of training mandated for undergraduates is the Get Inclusive modules, which present a scenario of responding to an unconscious person including knowledge of the recovery position and calling 911. There are a few other opportunities for skill-building that happen regularly at Clark: overdose response training by CUPD (yearly/semesterly) and Narcan training by AIDS Project

Worcester, an external non-profit. I don't have data for the attendance or quality of the CUPD training, however I led 1 Narcan training in Fall of 2023 through my previous job as a Harm Reductionist at AIDS Project Worcester. Through that experience I learned that there was clear interest about this topic in the undergraduate student body, as attendance was high and attendees were very participatory. 207 respondents reached the end of the CUUSDS survey and were asked if they had been educated or trained on how to respond to a drug-related emergency, 42% responded in the affirmative, 41 responded in the negative, and 18% responded they were unsure. About a third of participants who had received training identified Clark University as a source, with the largest portion of participants (50%) reporting they had learned through independent research. It was worrying, but not surprising, to find that 60% of a population who had been mandated alcohol and drug training by their university didn't maintain that knowledge or lacked confidence in their answer. This confirms what I and university employees know to be true: Get Inclusive is not enough and the Clark community is not as informed about drugs as we need to be.

While individual research is a positive step, there are several factors that impact the efficacy of knowledge such as accuracy of information, understanding of the human body, and intervention skills. In alignment with the historical legacies of Liberatory Harm Reduction, I believe the most impactful and useful LHR skill building happens in group or community environments where people can learn from each other. It's also very important that training that teaches intervention for vulnerable PWUD is contextualized by liberatory values. Stigma and disregard for the autonomy of PWUD are dangerous ideas that have been taught to all of us, and so they must be unlearned. The basics of reversing an opioid overdose can be taught in an afternoon, but Liberatory Harm Reduction is a practice that must be cultivated. It fundamentally shifts the culture of communities and changes material and social conditions to prevent emergencies before they happen.

Conclusion

In conducting this research, I set out to learn about the undergraduate student body and the institution of Clark University to share the principles of Liberatory Harm Reduction with my

community. I've found that students' time in university is experimental. Surveyed undergraduates are trying new drugs, attending house parties, building habits and having experiences that will go on to shape their adult lives. For the majority of participants, drug use is a part of their lives on a minimum weekly basis, in solo and group environments. The drugs most utilized by survey participants are cannabis and alcohol, which is in line with trends of US American college students. Some students reported being uninformed about the drugs they are consuming, lacking information about exact dosage and negative interactions caused by polysubstance use. This phenomena has been observed by the staff and administration of Clark University, who have identified patterns of when drug-related emergencies occur on campus. Drug-related emergencies happen at a higher rate during the weekends of fall semester on with a concentration of incidents in first-year and high-capacity dorms.

Clark's approach to handling drug and alcohol violations is policy and enforcement-focused, with little attention paid to drug education or emergency response. The mandatory Get Inclusive training modules have proven to be ineffective from the perspective of Clark employees, and unmemorable for undergraduates surveyed. While there are aspirations for further curriculum development, greater preventative programing, and restorative practices, Clark as an institution currently maintains primarily punitive practices toward students who use drugs and students who experience drug-related emergencies through mandated Resident Advisor reporting, Clark University Police Department response, and the conduct process. The awareness and use of the medical amnesty policy is questionable, as the existing caveats compel those who have experienced an emergency to enter a time-consuming protocol of re-entry which is experienced as punitive rather than restorative. Overall, Clark University takes an inadequate, harmful, and reactionary approach towards alcohol and drug use in the student population, operating under punitive policies that don't address the lack of information and strategies available to students.

Cultivating Liberatory Harm Reduction

At this point in my research, I have little interest in recommending policy improvements for Clark University because as an institution it exists at the intersection of many systems of

oppression. In my time at Clark I have witnessed the school's administration persecute student organizers and successfully dismantle student-led, liberatory projects. I would never entrust the practice of Liberatory Harm Reduction to Clark, or any other institution of academia as I feel that is antithetical to the "Liberatory" element of the framework. Instead, I've chosen to focus on student-centered actions that can be taken right now to work towards a culture and practice of LHR.

As a harm reductionist and Clark student, I have already participated in almost all of the suggestions laid out below because Liberatory Harm Reduction has fundamentally shaped how I live my life. I have become the contact students reach out to about trends in the local drug supply, Narcan access, and opioid overdose response education. My friends and I distribute harm reduction supplies to our community for fun! I am forever investing my energy into the home I've built with my roommates and the relationships I have built at and beyond Clark to keep each other cared for. I know that all of these things are possible because I have done them, seen them done elsewhere, or collectively dreamt of what they could look like with other Clarkies.

- **Popular Education on Drugs and Alcohol** - Students are capable of researching and consulting experienced educators in order to create and facilitate our own curriculum that meets the needs of ourselves and our peers. These trainings would be especially effective at reaching the student body if facilitated at the beginning of every semester. Topics I feel Clark undergraduates would benefit from include: the "Risk, Set, Setting" framework, dosage and tolerance, the recovery position, opioid overdose reversal using Narcan and CPR, safety planning individually and in a group, polysubstance use and drug interactions, consent education, violence prevention, and bystander intervention training.
- **On-Campus Distros** - During the promotion of my CUUSDS survey, I tabled at the weekly Clark Collective pop-up, distributing COVID rapid tests, condoms, Narcan, fentanyl test strips and more. Autonomous distro (short for distribution) of harm reduction materials happens on a semi-regular basis at Clark. Any student at Clark can gather together supplies and educational materials needed by their peers and give them out in a public place. Resources that Clark undergraduates are seeking out at current distros include: Plan B, condoms, respirator masks, COVID tests, and Narcan. Over the

counter treatments like Plan B are in especially high demand and require creative strategies for sourcing supplies such as applying to promotional programs, sourcing from local non-profits, and seeking out less-expensive bulk supplies. For example, programs for college students like those by non-profit Advocates for Youth offer free boxes of condoms and emergency contraception for distribution.

- **Care Networks** - The development of robust, resourced, care networks greatly strengthens the ability of people to have their needs met, especially in crises. Anyone can build a temporary or long-term care network through communication skills, coordination of logistics, conflict navigation, consent practices, and shared responsibility. For example, care networks could be developed specifically for students returning for medical leave in place of a punitive re-entry protocol. Carers could take on tasks like note taking for missed classes, food delivery to dorms, emotional support, raising money for missed wages, scheduled hangouts to prevent loneliness, rides to meetings, etc. Networks for students recovering from emergencies could include the student's friends, classmates, coworkers, family, and even people they don't know - all subject to the student's consent and comfort. A sustainable care network offers far greater longevity than Clark's institutional support services by shifting material conditions and deepening relationships, long after a crisis or conduct process is over.
- **Substance-Free Housing** - Students who are looking to live in substance-free housing or otherwise live in a community with guidelines around drug use, can do so autonomously using any living space. Roommates in a suite, dorm, apartment, etc. can commune over shared habits and goals related to drug use to build the spaces they want and need. This could even include hosting discussion groups, activities, or trainings within a cooperative house.
- **Community Rides and Designated Drivers** - A vehicle is a very valuable resource to have at Clark; and within LHR, resources are meant to be shared. Students can organize a formal or informal systems of matching sober designated drivers to PWUD in need of rides after using, particularly over the weekends. Additionally, uses for community rides surpasses a simple drop-off from a house party. Should undergraduates experience a

medical emergency and be unwilling to call CUPD or 911, a driver can be on-hand to provide transport to a medical facility. A ride-sharing culture already exists at Clark. However, I perceive it to be rooted primarily in social ties, not in solidarity or mutual aid - which would have a more powerful and widespread impact on the wellbeing of the student body.

- **Autonomous Rapid Response** - Students already act as first responders in the university environment by supporting friends during mental health crises and caring for over-intoxicated peers. With additional skill-building, these care practices within social circles could be transformed into a service for the community. I know a number of street medics and EMT-trained undergraduates at Clark whose politics and interests align with the framework of Liberatory Harm Reduction. The option of competent, consensual treatment from peers in a crisis situation would be a powerful form of community infrastructure for students, decreasing police interactions on Clark's campus.
- **Conduct Process and Hearing Support** - Developing a support system for students going through academia's conduct processes is an absolute necessity to me. Clark University conduct hearings are highly secretive processes where students charged with a violation of university policy are responsible for defending themselves. Sharing information about the hearing is forbidden and the typical rights associated with a court of law, such as the right to representation, do not apply. Students are subject to intimidation by administrators via threats to financial aid, housing, and extracurriculars before responsibility has ever been determined. The conduct process is an unjust and highly stressful experience that students should not be entering alone. Support for someone going through this could look like: assistance with assignments, building a counter-case, company during emotional distress, contingency housing plans, rallying faculty supporters, and counter-action (ex: protest, disruption).
- **Never Use Alone / Tripsitting** - In a world shaped by Liberatory Harm Reduction, nobody has to use drugs alone if they don't want to. Clark students could create a network for the purpose of offering company in-person or virtually to PWUD, opening a pathway to consensual intervention in case of a negative experience or medical

emergency. This could be further strengthened by prioritizing companions with lived experience and training in psychedelic support.

- **Transformative Justice Work** - Transformative Justice as a framework is so vast and could take so many forms in the student body at Clark. Complex concepts of accountability, repair, community safety, and indispensability, take time and intentionality to learn as personal politics and as life practices. I would be so excited for there to be a peer-run transformative justice space accessible to students who have been harmed or done harm. This would take a large community effort including plans for how to sustain the space for generations of Clarkies. A few places to start could be: transformative justice reading groups, interpersonal conversations about TJ, the development of processes in organizing spaces to handle conflict and harm, and an invitation to formal TJ facilitators to come to campus to teach.

Theoretical Implications

The research and findings of this thesis were influential on my use of theory in this paper due to my constant reworking of the Liberatory Harm Reduction structure up until submission. As I drafted the Abolition and TJ elements of my LHR framework, with the interview findings in mind, I deepened my perception of Clark as an academic institution intertwined with the War on People Who Use Drugs. Similar to law, Clark policy portrays drug use as an inherently harmful and criminal act. Accountability for this harm is found in punishment outlined in blanket policy and orchestrated by a select few people in positions of authority. The university conduct process holds an immense amount of power over the food, housing, education, and employment of students with no mandates for external transparency or the involvement of student peers in the process. This further strengthened my resolve against the usage of Liberatory Harm Reduction as a tool of institutions because a system of “accountability” that does not have to answer to the community (the students) is not capable of justice or repair.

The scope and findings of this paper are limited to Clark University, which at times has been hard for me to grapple with given that LHR is such a big concept and the university is a small, privileged part of the larger world. After studying the histories of people and organizations

forwarding Liberatory Harm Reduction I feel that in some ways, academia (and especially Clark) are undeserving of the legacy and knowledge I've put forward in this paper. Many of the major risks that exist for PWUD, are not frequently occurring in the student population I have studied here, and the types of criminalization I've described are not comparable to the millions who have been imprisoned in the United States for using drugs. Still, I recognize the value of the work that I have done in this thesis and on my campus towards student harm reduction. Should I choose to expand upon the framework of LHR in the future, I am sure I will not choose academia as a context.

Limitations

During the almost 3 years I spent on this thesis, I had a lot of time to identify limitations within this research and adjustments I would make for future inquiries. A significant factor in how I chose to structure this research was the challenge imposed by Clark's Institutional Review Board (IRB). It quickly became apparent to the CYES class of 2024 upon submitting research proposals that projects centering topics of social justice and identity would face difficulty getting through the IRB process. So I decided to design my research in order to get an exemption from IRB oversight by refraining from qualitative interviews with student subjects and restricting the scope of my research to Clark University. I succeeded in obtaining a "review not required" determination and later received permission from the Dean of Research. While I had always planned to restrict my inquiry to Clark, forfeiting the prospect of student interviews was disappointing. As the central focus of this research, I know that sitting down with undergraduate subjects to talk about their experiences with drug-use and Clark policy would have been a valuable addition of information to this paper.

My concern for the data privacy of students informed how I created the Clark University Undergraduate Student Drug Survey. I knew that I would be collecting data through my account on the Clark Qualtrics platform, which would likely prompt distrust from participants. Therefore, I decided not to request information that could be perceived by students as a risk to share, as it could incriminate them under Clark University policy. Questions about on-campus drug use, experience with drug-related emergencies at Clark, and interaction with alcohol and drug policy

were removed. I also decided not to collect identifying information like age, class-standing, or residence so that students felt they could freely answer the remaining questions. In my promotion, I was intentional about advertising the survey as a student project. I spent about 10 hours tabling on-campus in order to connect my identity to this inquiry and give student subjects the opportunity to ask questions about how their data would be used. I feel that this was an effective strategy, as I was able to secure 274 participants with a high survey completion rate.

While I am content with the number of participants I was able to garner, the small data pool poses a limitation to the application of this data to Clark's undergraduate student body. The survey responses make up a fraction of the student population and are partial to students who identify as people who use drugs. Therefore, the findings I present can be applied to Clark University, but do have a margin of inaccuracy. Due to the IRB status of this research, the findings I have presented also do not extend past Clark University as a subject.

After editing down the questions of my survey, I have a few changes that I would make should I or someone else choose to perform an inquiry on student drug use at Clark in the future. Due to a core focus of my research being on drug-related emergencies and there being a wealth of data on tobacco use in the United States, I chose not to include it in my data collection process. However it may have contributed to an increase in the use of "other" options on the survey, causing data to be more vague. Now knowing the concerns that Clark employees have about student awareness of the medical amnesty policy, I also would add a question assessing student knowledge and trust in said policy.

Lastly, my completion of only 2 qualitative interviews with Clark employees is most certainly a limitation to the findings presented in this paper. I had hoped to interview staff at the Clark University Counseling Center, a member of CUPD, and RLH staff but did not have the capacity or time to do so. I reached out to CUPD several times to request data and an interview with a CURR-involved officer, but my request for an interview was not addressed in the follow ups. This surely would have given me more insight into the emergency and non-emergency support systems that Clark offers to its students and how policy intertwines with these resources.

Closing

My dream for this research is for current and future Clark University students to take the information I've gathered and utilize it in their own efforts to create a safer campus and social environment using the framework of Liberatory Harm Reduction. After autonomously organizing with Clark students for 2.5 years, I know that we are capable of making the changes outlined in my findings and I am hopeful that even small shifts in care and risk management between undergraduates will radiate outwards to orient drug and party cultures towards popular education, abolition, and care. This paper will also serve as a tangible record of Clark conduct policies that have yet to be publicized, and how these policies are ineffective and punitive in response to drug and alcohol use. The bubble of academia is only one of many spaces where cultivation of Liberatory Harm Reduction is necessary, possible, and happening. We are all entitled to a better world. And we must dedicate ourselves to caring for and keeping each other alive as we build it.

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