

THE FENTANYL CRISIS ON COLLEGE CAMPUSES:
UNDERSTANDING THE NEED FOR HARM REDUCTION

by

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Amidst the escalating fentanyl crisis, this thesis examines the threat of fentanyl on college campuses, the knowledge and perception of harm reduction, and the effectiveness of harm reduction strategies, focusing on the University of Oregon. This research highlights the urgent need for targeted interventions through a mixed-methods study incorporating surveys, a limited university policy review, and a limited media analysis. Despite a strong willingness among college students to carry naloxone due to community concerns and personal experiences with the crisis, there are significant barriers regarding access and knowledge. The prevalence of fentanyl in the local drug supply, paired with overdoses and fentanyl drug busts near campus, and the unique conditions putting college students at a heightened risk underscore the urgent need for comprehensive and targeted harm reduction programs. The study concludes with recommendations for universities to allocate funding and institutionalize harm reduction programs, specifically improve access to naloxone, and create educational campaigns.

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This thesis stemmed from a Harm Reduction project I initiated in the Fall of 2022 while serving as the Vice President of the University of Oregon Student Government (ASUO). After hearing about overdoses and the desire from a few friends in Greek life to have Narcan, I launched this project alongside Macy Patel and could not have imagined the scope of what we accomplished. Alongside the UO Students for Global Health and UO Substance Abuse Prevention Education, we distributed Narcan at the ASUO Fall and Spring Street Faire, held multiple Narcan training and distribution events, and worked with Representative Maxine Dexter to pass Oregon House Bill 2395, the Opioid Harm Reduction Package, decriminalizing the distribution of fentanyl test strips and expanding liability protections and resources for naloxone distribution. This was among the most meaningful projects I have ever participated in and would not have been possible without the Narcan team: Macy, Brian, Susie, and Alexis. I want to thank our partner organizations: Henry's Uncle, HIV Alliance, and C.O.R.E. Eugene. I also want to thank Representative Maxine Dexter for working hard to pass the life-saving legislation and welcoming me to her team.

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Introduction

The fentanyl crisis has quickly become one of the most pressing public health crises in the United States, with illicit fentanyl now the leading cause of death for Americans aged 18 to 45 (CDC, 2023). The synthetic opioid is up to 50 times stronger than heroin and 100 times more potent than morphine, making it extremely dangerous. Due to its high potency and addictive strength paired with its low production cost, fentanyl is increasingly laced in recreational drugs, leading to a surge in overdose deaths nationwide. The fentanyl crisis has become the “single deadliest drug threat our nation has ever encountered” (USDEA, 2023), as just 2 mg of the drug can be fatal. Recent figures reveal that nearly 70% of counterfeit pills today contain lethal amounts of illicit fentanyl (USDEA).

This paper aims to examine the threat the fentanyl crisis poses on college campuses, using the University of Oregon as a case study. It explores the knowledge and perceptions of harm reduction among the University of Oregon students, evaluates current practices and their effectiveness, and recommends a model for harm reduction strategies. Using a mixed-methods approach, this research aims to provide a comprehensive understanding of the issue, highlighting the urgent need for targeted harm reduction interventions tailored to the college environment. The paper seeks to inform policymakers and public health practitioners about the often-neglected factors of the college experience that pose risks in the face of the fentanyl crisis and encourages the quick implementation of harm reduction interventions to combat the growing emergency.

Methodology

1 Study Setting

The study took place in the University of Oregon community in Eugene, Oregon. Despite being the second most populous city in Oregon, Eugene is a mid-size city with approximately 176,000 residents. One of the flagship institutions within the Oregon University system, the University of Oregon is a tier 1 public research university known for its well-financed research opportunities and athletics. The university hosts 19,568 undergraduate students and 3,634 graduate students. Around half of the student population are Oregon residents, 38% are out-of-state students, and 10% are international students (Admissions, 2024). Not known for their diversity, 59% of students are White, while 16% are Hispanic or Latino, 14% are Asian-American, 6% are Black or African American, 3% are Native American, and 2% are Native Hawaiian or Pacific Islander. According to Niche, the University of Oregon is the 35th most Liberal College in America (Niche, 2024).

2 Study Population

The survey respondents were all students at the University of Oregon. No demographic data was collected since the survey addressed a sensitive topic and participant privacy was crucial. Given the survey's distribution method, at a table in an outdoor fair with a description of the fentanyl crisis and harm reduction draping from a banner, respondents may have had prior exposure and knowledge of the fentanyl crisis or harm reduction interventions, which led them to approach the table in the first place. Respondents were among the aforementioned demographic statistics of the approximately 24,000 students at the University of Oregon.

3 Research Questions

- Why is there a need for a specific response to the fentanyl crisis on college campuses?
- What knowledge and attitudes exist about fentanyl and harm reduction among college students?
- How may harm reduction be seen as an effective method for addressing the growing fentanyl crisis in the context of college campuses?
- What harm reduction intervention(s) model is best suited for the unique dynamics of college campuses?

4 Data Collection

The study utilized a mixed-methods approach, incorporating a literature review, a survey containing qualitative and quantitative elements, a limited media review, and a limited policy review. As the survey data was collected as part of a public service project to understand the perception of harm reduction among University of Oregon students to create localized harm reduction interventions, the respondents do not constitute a random sample but rather represent a convenience sample. Respondents were exposed to the survey through a QR code linked to an online survey conducted via Google Forms at the annual Associated Students of the University of Oregon Spring Street Faire and a Narcan training distribution event, both occurring in the spring of 2023. Given the survey's distribution at a table with a banner mentioning the fentanyl crisis, many respondents likely had prior exposure, knowledge, or interest in the fentanyl crisis, including overdose prevention or harm reduction strategies. The table was among five other tables at the beginning of the fair, and it spanned the length of a short street. Nearly 500 students engaged with the harm reduction table at the fair and were encouraged to take the survey if

interested. Nearly 120 students attended the Narcan distribution and training event. Respondents were not screened for eligibility, though anyone who was an undergraduate student and wanted to respond could. The survey content assessed the knowledge and experiences of students regarding the fentanyl crisis and harm reduction. Survey questions included quantitative questions with binary (yes/no) and Likert-style (rating on a scale of 1-5) response categories, as well as qualitative questions that asked respondents to write short-answer responses to questions. The survey was completely anonymous and received an Institutional Review Board exemption. The survey had 108 responses— all students at the University of Oregon. Personal observations and experience from harm reduction distribution events and advocacy at the University of Oregon were also incorporated.

5 Data Analysis

Survey data were analyzed using both quantitative and qualitative methods. Quantitative analyses were used to identify response patterns among questions incorporating binary choice responses, Likert-style response categories, and select all that apply questions. Qualitative analysis involved reviewing all written-in responses to identify common themes and exemplar quotes to illustrate findings. The non-exhaustive media review relied on typing in the keywords “fentanyl,” “college campus,” and “university” in local Eugene media outlets: the Eugene Government website, *Eugene Weekly*, *Eugene Register-Guard*, *KEZI*, *KLCC*, and *KVTL*. The review seeks to demonstrate the threat of the fentanyl crisis near the University of Oregon community and will complement survey data about assumed observations of fentanyl overdoses. As the results of the media review provide supplemental information and are not the primary focus of the study, the review is non-exhaustive. Finally, current University of Oregon policies up to 2024 regarding the fentanyl crisis and harm reduction measures were analyzed through a

policy analysis. Comparative programs at other universities were examined by investigating university substance abuse prevention websites and university media outlets, categorizing other university approaches, and identifying exemplary cases. The analysis is an initial exploratory investigation and is non-exhaustive.

6 Limitations

Given the survey's public service intent, demographic information was not collected as it was not relevant to the project's goal. Demographic information could have been interesting to analyze, helping uncover whether demographic characteristics correlated with different types of responses. The survey solely hoped to understand attitudes and perceptions of harm reduction to create targeted interventions for the University of Oregon campus community, hence the focus on quicker response time and lack of demographic and more detailed questions. See Appendix A for the survey questions.

Background

1 What is Harm Reduction?

The philosophy of harm reduction stems from a desire to minimize the negative harms that may come from drug use, “recogniz[ing] that abstinence may neither be a realistic nor desirable goal for some, especially in the short term” (Riley, 1999, p.2). According to Harm Reduction International (HRI), “Harm reduction refers to policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws” (Harm Reduction International, 2024). Though recently popularized again with the growing opioid and fentanyl crises, the concept of harm reduction first gained popularity during the AIDS crisis of the 1980s— working to reduce the spread of the infectious disease through shared needles by injection drug users (Riley, 1999, p.1). During the AIDS crisis, harm reduction interventions included needle exchange programs and safe injection facilities. Both interventions utilize the harm reduction philosophy, recognizing that drug use will continue to exist and trying to prevent drug users from unintentionally contracting and spreading an infectious disease. Despite critics suggesting harm reduction measures promote drug use, several studies prove otherwise (Jones et al., 2017).

Around the world, people have used the harm reduction framework to address various crises related to recreational drug use, and nearly 108 countries support harm reduction in their national policies (Harm Reduction International, 2024). Unlike the criminalization model used to deal with drug problems characterized by the War on Drugs in countries like the United States and the Philippines, the harm reduction approach is grounded in human rights and aims to destigmatize drug use. Some harm reduction interventions listed on HRI’s website include information on safer drug use, drug consumption rooms, needle and syringe exchange programs, housing, drug

checking, overdose prevention and reversal, and legal/paralegal services (National Harm Reduction Coalition, 2024). Further, the framework is predicated on a “commitment to evidence,” “respecting the rights of people who use drugs,” “a commitment to social justice and collaborating with networks of people who use drugs,” and “the avoidance of stigma” (HRI, 2024).

2 Harm Reduction and the Fentanyl Crisis

Harm reduction interventions are frequently tailored to the community context, and in response to the fentanyl crisis, many communities have employed a combination of several harm reduction programs. One popularized approach is the distribution and increased accessibility of naloxone. This life-saving opioid antagonist binds to opioid receptors in the brain to reverse the effects of opioids, used to reverse overdoses (SAMHSA, 2024). The drug can be administered via intranasal spray (in the nose) or an injection. Like the brand name “Band-Aid” becoming popularized to the point of replacing the term bandage, the brand name “Narcan” has become commonly used interchangeably to describe the prepackaged nasal spray. While initially only carried by first responders, many nonprofits have begun distributing naloxone in the community for anyone who witnesses an overdose to be able to reverse it— as the average response time of a 911 call is longer than the window for reversing an overdose. Recently, U.S. Surgeon General Jerome M. Adams released a statement calling for Americans to carry naloxone, given the growing rate of the fentanyl crisis (Office of the Surgeon General, 2022).

Fentanyl test strips are another popular harm reduction measure, allowing people to test their recreational drugs for fentanyl. Given their affordability and ease of use, many have called for a cultural shift, making fentanyl test strips “normalized at every party, available in social situations of drug use, and distributed in bathrooms at concerts or clubs” (Appel, 2021) as the

“greater availability of FTS, the greater number of deaths we can prevent” (Appel, 2021). Furthermore, education programs, rehabilitation centers, and safe injection sites are all alternative harm reduction measures used to address the fentanyl crisis. Each of these harm-reduction practices experience varying levels of controversy (Zhang, 2022) but are all widely used.

3 Harm Reduction on College Campuses

Specifically pertaining to harm reduction and the opioid epidemic on college campuses, the literature becomes sparser. Though focused on young adults who are regular drug users, a study by Goldman and Waye demonstrates that young adults are likely to use fentanyl test strips if readily accessible (Goldman et al., 2019). Other studies seem to confirm this notion, with a survey in Maryland concluding a high rate of uptake and acceptability of fentanyl test strips among young adults (Krieger, 2018, p. 1). Fentanyl test strips are one of several harm reduction measures used to combat the fentanyl crisis. As one of the cheapest harm reduction measures, the results are helpful in understanding that they would be used by the students if available. Published survey data focused on college campuses is limited. However, one study examined the effectiveness of comprehensive naloxone education on a college campus— finding that naloxone education may improve community attitudes and reduce the stigma of drug use (Doughty et al., 2020). As one of the few journal articles looking at current approaches to harm reduction practices on college campuses, Hill’s study emphasizes the importance of opioid prevention among college-aged students in particular— given high susceptibility rates from increased drug rates. Examining the collaborative model used at the University of Texas, Austin, Hill describes the importance of cross-sectoral collaboration in addressing the crisis and encourages similar models on other campuses (Hill, 2018, p.2). While not explicitly about harm reduction,

Hattenberg's study examines the underlying conditions that commonly lead to overdoses on college campuses (Hattenberg et al., 2022). By understanding these conditions, it is clearer which populations and areas of a college campus would benefit more from harm reduction measures.

While scholarly literature lacks significant documentation of harm reduction attitudes on college campuses, many campus-based newspaper publications serve to fill the gap. For example, the *Stanford Daily* documents the shift in campus attitude from abstinence-based approaches to harm reduction and how students were actively working to change the stigma surrounding drug use. Santa Clara University's news page documents a new naloxone vending machine and attempts to reduce judgment surrounding drug use as well.

Though plenty of literature exists on the effectiveness of harm reduction in response to the fentanyl crisis, there is a significant gap in literature examining the best practices for harm reduction measures across college campuses and the attitudes and perceptions of them amongst college students more broadly. As college students continue to be at risk for the growing fentanyl crisis, it is imperative to understand their attitudes surrounding harm reduction to determine if these interventions will be effective on college campuses.

4 Defining the Population

The fentanyl crisis impacts two distinct sets of drug users differently, habitual and one-time users, necessitating differing harm reduction strategies for each group. While the media often portrays those who overdose from fentanyl as "homeless drug addicts" and in a negative light (Hoffman, 2023), the growing crisis affects people of all backgrounds— many of whom are not regular drug users (NIDA, 2022; Bazazi et al., 2024). Regarding habitual drug users, despite potential higher tolerance, their regular use of drugs paired with fentanyl's frequent presence in

recreational drugs poses a significant threat often raised by the media (Yorke, 2023; Corkery, 2023; Levin, 2024). However, one-time drug users, which frequently include children, teenagers, and college students, often lack appropriate resources and attention. Whether it is curiosity or peer pressure, young people experiment with recreational drugs and are increasingly losing their lives as a result. Much of the literature focuses on habitual drug users, ignoring a key group of people vulnerable to the fentanyl crisis— the one-time, college student drug users.

Threat of Fentanyl on College Campuses

While much attention is rightfully given to the houseless population and addressing the fentanyl crisis in broader society, the specific challenges posed by fentanyl within the unique context of college environments demand urgent consideration. Despite the lack of public attention to the unique conditions that pose a greater risk of the crisis in the college community, survey results provide a glimpse into the severity on the ground. Finally, a limited media review about fentanyl near the University of Oregon campus provides a case study demonstrating the enormous physical quantities of fentanyl already surrounding college campuses and stresses the need to treat college campuses as a distinct community needing targeted interventions.

1 A Glimpse of the Crisis from the Student Perspective

Of the 108 survey respondents, 42.3% claimed they witnessed an assumed opioid overdose or knew an individual who had overdosed on opioids. While not a representative sample, the question reveals a disturbingly high incidence rate among survey respondents. The fact that nearly half of participants personally witnessed or knew someone who overdosed demonstrates the pervasive nature of the crisis on college campuses— suggesting overdoses are not just a one-off occurrence. Another question asked how concerned the respondent was for an overdose occurring in an environment with recreational drugs, to which 56.8% responded with a strong concern, 25.5% felt neutral concern, and the remaining 17.6% expressed low concern. On the University of Oregon campus or within the campus community, like many other campuses, recreational drug use is often found in fraternity parties, block parties, house parties, dorm parties, and bars— with an additional layer of the local house shows in Eugene. With over half of the sample expressing *strong* concern over overdoses occurring at many of these events or

locations, often synonymous with the college experience for many students, there is a clear fear and recognition of the threat of fentanyl in the college context.

Qualitative accounts from the survey further illuminate the on-the-ground experience of college students at the University of Oregon today. Unfortunately, many students reported experiences with friends passing away from an overdose. One student put it, “I have a friend that abuses opioids and you never know when an overdose will occur whether at a party or any other big event. It’s a huge epidemic.” Another student shared that “my best friend that saved me from suicide died from an accidental overdose with fentanyl laced pills,” demonstrating the effects of the rise of fentanyl-laced recreational drugs. Many of the other respondents also shared stories of how they lost friends to the crisis. One student shared, “[O]ne of my friends died of an overdose last year,” while another said, “In 2020 I had a friend pass from an overdose due to opioids that had been laced with fentanyl...”. While many students had friends pass, for some, it was family. One respondent said they “have family members who have died from overdose,” implying they had lost more than one. As another student so powerfully conveyed, “Someone in our immediate family passed away from an overdose and I want to do all I can to make sure no other families have to go through that pain.” Other students shared recognition of the crisis around them, stating that they “have friends and coworkers who are recovering addicts” and another saying they have “witnessed multiple OD [overdoses].” For some, the crisis is personal, and students said they want to engage with harm reduction to “increase the chance of surviving an opioid overdose [themselves].”

2 Unique Conditions of the Fentanyl Crisis on College Campuses

The opioid and fentanyl epidemic poses a distinct threat to college campuses, given the unique conditions that make college students significantly more likely to use drugs. According to

the National Survey on Drug Use and Health, nearly one-third of college students engaged in binge drinking in the past month (NIAAA, 2021), and one in five used recreational drugs (SAMHSA, 2013). Almost 61% of college students were offered prescription medications at least once (Willis et al., 2019). In Oregon, the rate of substance abuse disorder among youth ranks third in the country. In the past six years, 348 Oregonians between 15 and 24 years died from an accidental drug overdose (Green, 2024).

College is frequently regarded as a time for students to engage in youthful experimentation of all sorts— from partying and engaging in sexual activity to using recreational drugs. For many, moving into the dorms marks the first time living by themselves or with friends, marking a change from a lifestyle requiring parental approval for going somewhere or trying something new, like alcohol, marijuana, and other drugs. While some may come from families with more relaxed household rules, others may come from families with “helicopter parents” or families with strict religious or cultural backgrounds with prohibitions on many activities. Partially due to the Hollywood depiction of college life as full of alcohol, parties, drugs, and Greek life, and the normalization of substance use in modern college culture, once rule-following students may experiment with all sorts of activities or substances because they feel like that is *what they are supposed to do*. Others may use substances to rebel against their stricter upbringing. Given the newfound urge to experiment, there is a significant threat of college students becoming a one-time user of a recreational drug, which, if laced with fentanyl, may lead to a death sentence (Palmeri, 2024).

Rampant peer pressure further entices college students to use recreational drugs under the assumption that it is okay to use drugs if others around them are doing so. According to psychology’s social identity theory, much of a person’s self-conception is determined through

perceived membership as part of an in-group, as being part of the “out-group” is viewed negatively (Palmeri, 2024). In other words, to foster a sense of social acceptance, people often try to follow the behavior of the “in-group”, or the group associated with being “cool” in order to fit in. In the college context, this often looks like students drinking alcohol and sometimes using recreational drugs. This idea is particularly pervasive in Greek life, with members having higher rates of binge drinking, substance abuse, and cigarette smoking (Mostel, 2024). Studies demonstrate that Greek life members are also “more susceptible to peer pressure through perceived drinking norms than any other group” (Palmeri, 2024), likely extending into drug use, given its prevalence, as well.

Furthermore, the drinking and party culture prevalent at regular college events associated with the *college experience* poses an additional threat of overdose, given the increased rates of drug use. While many first-year students live in dorms and must adjust to their new independence and search for community, they are particularly susceptible to peer pressure. Given the high concentration of students in freshman dorms, many first-year students hold parties in college dorms, frequently involving drinking games and recreational drug use. Many students also frequent college bars, and one study found that “while out at the bar, participants reported drinking more alcohol and sometimes using drugs such as cocaine, Molly [MDMA], or Xanax,” (Willis et al., 2019, p.1889), substances increasingly laced with fentanyl, much more frequently. For universities with significant sports cultures, particularly around football, students often participate in large tailgates before the game in which “drinking is taken to the next level” (Willis et al., 2019, p.1889), and many are high from recreational drug use. There are also many regular events and experiences synonymous with the “college experience” that also pose a grave threat of overdose on campuses, including but not limited to house parties, music festivals or

raves, Greek life associated parties, Greek life hazing rituals, and “house shows”— backyard concerts with local college student bands. In most events with crowded dancing, drugs like MDMA and cocaine are common, while also increasingly laced with illicit fentanyl.

Finally, the confluence of the growing mental health crisis among college students and the academic, social, career, and sometimes familial stressors inherent with college life pose a further threat in exacerbating the fentanyl threat on college campuses. While students transition into adulthood, increasing levels of anxiety and depression are found. Mental health is a particular challenge in Oregon, with the state ranking 49th out of 50 states in mental illness prevalence and access to care, while ranking last in the mental health of Oregon’s youth (Mental Health America, 2023). Given the numerous stressors associated with college life, students may experiment with drugs or self-medication as a coping mechanism, unintentionally putting themselves at risk of encountering fentanyl, given its presence in the recreational drug supply. Due to severe academic pressure, students may also seek performance-enhancing drugs, like Adderall, which, when not bought at the pharmacy, is once again frequently laced with fentanyl (Kloxxado, 2023).

3 Fentanyl Around the University of Oregon— Eugene, Oregon

Using the University of Oregon as a case study, local media outlets and government entities demonstrate the severity of the threat of illicit fentanyl on or near college campuses today. The Eugene Police Department claims to have seen fentanyl in counterfeit pills sold as common medication such as oxycodone, Adderall, and Xanax, as well as powdered versions sold as cocaine, MDMA, or methamphetamine (City of Eugene, 2022). The pervasive presence of Adderall, cocaine, and MDMA on college campuses as a performance enhancer, party drug, and festival drug, respectively, raises significant concern. On October 25, 2022, the Eugene police

seized 18 pounds of suspected fentanyl powder and pills from a driver on East 11th and High Street— merely 0.8 miles from campus, marking the largest fentanyl seizure in department history (City of Eugene, 2022). According to the US Drug Enforcement Administration, one kilogram or 2.2 pounds of fentanyl can kill 500,000 people, meaning the 18 pounds of fentanyl seized near campus could kill over 4 *million* people. Given the staggering levels of fentanyl found, the City of Eugene released a statement explaining that the current presence of fentanyl in Eugene means “no street drug is safe to take” (City of Eugene, 2022). Unfortunately, the October 22nd drug bust was not an isolated incident but is rather one in a series of fentanyl busts over the past few years. In May of 2022, the Eugene Police conducted the largest fentanyl raid in the history of the department, seizing around 11,000 pills of suspected fentanyl and other drugs alongside large quantities of methamphetamine, cocaine, and heroin (Krauss, 2022). On May 22nd, 2023, Eugene police, with the help of K9 dogs, discovered 49 grams of counterfeit oxycodone, 30 blue pills of fentanyl, and 140 grams of fentanyl powder (KVAL, 2023). After intercepting a drug deal, police confiscated another 43 grams of fentanyl, followed by another 43 grams at a dealer's house (Bonham, 2023). On the interstate leading to Eugene, I-5, police seized 80,000 fentanyl pills, 14 pounds of fentanyl, and 92 pounds of cocaine within a 30-day window of traffic stops in October of 2023 (FOX 12, 2023). At the end of October, Eugene police found more than 100 fentanyl pills, 10 grams of cocaine, and over four pounds of methamphetamine after searching a house in Eugene (KVAL, 2023). Another home search in December uncovered an unspecified amount of fentanyl and methamphetamine (Bonham, 2023). In February of 2024, police uncovered 167 grams of suspected fentanyl powder, 69 grams of fentanyl M30 pills, and meth (KTUV, 2024), while another February raid uncovered a pound of fentanyl alongside additional meth (Desaulniers, 2024).

These drug raids demonstrate how prevalent fentanyl is in the University of Oregon community and has resulted in overdoses and, in some cases, death. In late December 2020, University of Oregon student Emanuel Dreiling tragically died at the age of 20 in his apartment in Eugene due to a fentanyl overdose via oxycodone pills (Hunt, 2022)— demonstrating the direct impact of fentanyl on the campus population. In May 2021, two Eugene teens, aged 17, also died from fentanyl overdoses (KVAL, 2021). That same month, Eugene police put out a statement warning the community that the significant increase in overdose deaths was due to fentanyl. In July 2022, the Eugene Police Department responded to five overdoses within just seven hours (City of Eugene, 2022). All victims were saved by administering naloxone and rescue breaths. On August 9th, 2023, police once again sounded the alarm about fentanyl following a spike of nine overdose deaths that week. They shared similar concerns about young people: "Our concern is young people making these decisions at parties or other social events where there's either pressure, or they are already intoxicated, and they're not making rational decisions" (Eckert, 2022). The repeated overdoses uncovered by the Eugene police demonstrate the severe presence of illicit fentanyl in the Eugene community.

4 Conclusion

As evidenced by the data and experiences of students at the University of Oregon, the fentanyl crisis poses a unique and escalating threat to college campuses. The high incidence of overdoses, indicated by the survey data and media review, paired with the widespread concern among students, highlights the urgent need for targeted interventions and further attention. The students' qualitative accounts of the loss of loved ones and fear paint a picture of the growing crisis on the ground. Meanwhile, the distinctive environment of college life, characterized by a culture of experimentation, peer pressure, and a high prevalence of recreational drug use, creates

a fertile ground for increased fentanyl overdoses. Many college students are new young adults in a brand-new environment with newfound independence, exposed to dangerous substances without fully understanding the risks, like the lethal potential of fentanyl-laced drugs. The amalgamation of these factors, combined with the ongoing mental health crisis, makes college students an incredibly vulnerable population in need of further support.

Supported by local media reports and police data, the case study of the University of Oregon illustrates the considerable quantities of fentanyl circulating near college campuses and the resulting impacts on the community. The unsettling levels of drug busts and overdose deaths of students and community members act as a reminder of the proximity and severity of the crisis. Repeated warnings from law enforcement and the dramatic increase in overdoses stress the critical need for resources to address the crisis. In conclusion, despite policymakers, the media, and universities failing to recognize college campuses as locations with unique characteristics that make college students particularly vulnerable to the fentanyl crisis, the evidence presented in this chapter underscores the urgent need for increased awareness and targeted interventions to address fentanyl in college communities.

Attitudes & Perception of “Harm Reduction”

Given the pressing threat of fentanyl on college campuses and the proven effectiveness of harm reduction interventions, it is clear that campuses must swiftly implement harm reduction programs to prevent student overdose. However, what is the student perception of harm reduction measures, and what existing knowledge do they have about the crisis and harm reduction resources? A survey conducted for the Narcan distribution project by the University of Oregon student government and Students for Global Health organization during the 2022-2023 school year illuminates clear thematic trends regarding knowledge of access, willingness to use, and general knowledge about harm reduction. While the survey employed a convenience sample of those who may already be more likely to engage with harm reduction and the respondents may not fully represent the student body, the trends are significant and complement existing literature on the subject.

1 Lack of Knowledge About Access to Narcan

A noticeable trend among respondents was the need for more knowledge about where harm-reduction materials, specifically Narcan, can be accessed. When explicitly asked if respondents knew where Narcan could be accessed in the community, outside of campus, 42.3% of respondents said “no,” another 21.2% said they were “unsure,” and only around a third, or 36.5%, said “yes.” As one student put it, “I’ve wanted to have Narcan on me but didn’t know anywhere I could get it without having to pay. I’ve had the training and got 2 doses at the last school I went to, so I am pretty surprised that UO of all places wouldn’t have Narcan and other harm reduction services available. It seems like a topic that is completely not addressed to me.” Hoping to address the lack of accessibility of Narcan, pharmacists in Oregon have been able to directly prescribe naloxone in Oregon pharmacies since 2015. When asked if respondents were

“aware that Oregon pharmacists can write prescriptions for Narcan,” 60.8% of survey respondents said *no*, while only 39.2% said that they did. Additionally, when asked to rank the likelihood that they would go to the pharmacy for a Narcan prescription on a scale of one to five, from least likely to most likely, the breakdown was as follows: 16.8% responded “1,” 24.8% answered “2,” 30.7% answered “3,” 9.9% answered “4,” and 17.8% answered “5”. As indifference likely suggests inaction, responses 1-3 were combined, resulting in 72.3% of respondents saying they would not go out of their way to seek a Narcan prescription from a pharmacist. Since this is a self-selected sample that may already be more likely to engage with harm reduction services, these statistics paint a bleak picture of the effectiveness accessing Narcan in pharmacy settings for the general population.

While some lawmakers have suggested that anyone's ability to obtain a prescription to purchase life-saving medication is sufficient, my survey results suggest people lack knowledge that this option even exists. Furthermore, requiring a prescription to acquire Narcan adds additional steps that draw out the time it takes to access the medication and complicate the process, which may further dissuade people from using it. It also does not address the cost barrier of naloxone, given the \$41.48-\$60.50 price tag for the intravenous injection and the \$44.99-\$91.10 cost for the more widely known nasal spray (Drugs, 2024). Moreover, given the association of pharmacies with medical insurance, young people may especially avoid obtaining Narcan from a pharmacy, given the fear of parents finding out or the discomfort of asking a medical professional for it. While naloxone is dissimilar to other prescription drugs in that it is not used on yourself but instead on someone else experiencing an overdose, the association of naloxone with drug overdose may make parents believe their kids are using drugs or are in

environments with drug use— as most college students still rely on their parent’s medical insurance. Many college students would not want their parents to know this.

For Narcan to become a successful harm reduction intervention, it needs to be widely in the hands of the ordinary person, given the intervention’s reliance on a trained bystander understanding the signs of overdose and carrying naloxone at the time. While the survey sample may only represent students who were more likely to engage with the fentanyl crisis response, the majority still had not known that pharmacists could write prescriptions for Narcan. The vast majority also claimed they would not go to a pharmacy, which may be due to various factors, underscoring the need for an alternative approach to Narcan access for the college-age population.

2 Willingness to Carry Narcan

Among the survey respondents, all unanimously support the use of Narcan as a means of reducing campus and community overdoses. A follow-up question asking if respondents know of friends or peers who would be interested in obtaining Narcan if provided for free yielded similar results, with 99% responding “yes.” Given the overwhelmingly positive perception of Narcan paired with the distribution and training events garnering attendance of over 100 students each, it is clear that many students are open and willing to get trained on how to use it.

3 Why College Students Want to Carry Narcan

When asked why they would want to carry Narcan, over half of the respondents, 63%, claimed they wanted to carry Narcan for other community members, suggesting a recognition of the crisis and the desire to be prepared to act as a good Samaritan. Nearly half, 49.1%, claimed their reason was for friends or family members. Carrying a drug overdose medication for friends

and family implies that the respondents' friends or family use drugs. Finally, 9.83% said they wanted to carry it for themselves, suggesting respondents themselves may use drugs and want to have Narcan in the case that they overdose.

The vast majority of respondents want to carry Narcan for others, and the follow-up short answer question asking for elaboration further illuminates why. One student described the pain they have seen from the crisis as their primary reason for carrying Narcan: “It hurts to see other people suffering. If I can carry Narcan to help prevent an opioid overdose, I feel like I should.” Many students came to realize the importance of Narcan through their work. Another student who works in food delivery said, “I do DoorDash and have seen people in need of Narcan.” An additional student works in athletics and raised fears over drug use for pain management: “As a student Athletic trainer, I spend a lot of time with people who use narcotics for pain and I always like to stay prepared. I [know] CPR and will carry [Narcan] on me at all time[s].” For one student, it was their parent’s job that motivated them: “As somebody with officers in my family, I’m aware of the amount of fentanyl overdoses in Oregon and I understand that people who have Narcan have the ability to save lives.” Several students cited going out or parties, saying they see “many people who take what they believe to be party drugs but don’t test them” and express wanting “to be prepared if I see something rather than stand around helpless.” Several of these students claimed they “don’t personally use any opioids or hard drugs, nor have the desire to currently” but reiterated their desire to “be able to help someone when [they] notice the symptoms of an OD at parties.” As previously mentioned, many students reported that they had friends and family who have overdosed or are regular drug users, and out of fear of more loved ones overdosing, wanted to be prepared.

The attitudes and perceptions revealed through the Harm Reduction survey at the University of Oregon shed light on student knowledge and willingness to access harm reduction, emphasizing naloxone. Despite the evident necessity for harm reduction programs in response to the growing fentanyl risks on college campuses, the survey reveals significant gaps in awareness regarding access to Narcan. Most respondents were unaware of pharmacists' ability to prescribe Narcan and expressed reluctance to seek it out at pharmacies—highlighting the urgency for alternative approaches to making Narcan more readily accessible to college-age populations. Additionally, there is a resounding willingness among college students to carry Narcan, largely driven by a sense of community responsibility and the desire to be prepared in the case of witnessing an overdose. Their motivations, rooted in personal experiences and observations of the crisis' impact, underscore the importance of proactive harm reduction strategies for college campuses.

Policy Review: Harm Reduction on College Campuses

1 Problem

The fentanyl crisis is often discussed in reference to regular drug users, houseless individuals, and high schoolers, but college-aged students rarely figure prominently in these conversations. Yet, university students are at a heightened risk of fentanyl exposure due to the normalization and integration of substance use in modern college culture, exacerbated by the risks associated with Greek life affiliation, academic pressure, peer pressure, and newfound independence (Welsh, 2019), among other factors. Despite the high rates of drug use on college campuses and the growing parallel fentanyl and opioid crises, universities lack education and harm reduction resources that may save their students' lives. At the state level, Oregon has passed legislation allowing for easier distribution of harm-reduction materials and targeted interventions for youth overdoses; however, Oregon's policymakers have not focused any interventions on college campuses. At the University of Oregon, a lack of a unified response from the university has led to student groups trying to fill the void with harm reduction distribution events. Higher education institutions hold significant populations of students at heightened risks of fentanyl exposure, and the lack of readily accessible harm reduction resources on campuses exacerbates the vulnerability of college students to substance abuse disorders and overdose fatalities. This policy review will focus on university-level harm reduction policies and practices implemented in response to the growing fentanyl crisis.

Question: What steps can policymakers and university administrators take to implement comprehensive harm reduction to combat the growing fentanyl crisis effectively with underserved college students?

2 What is Being Done Now - University of Oregon

2.1 Education

Upon searching the term “fentanyl” on the University of Oregon website, the *only* information listed is on the “Other Drugs” page of the Dean of Students tab (see Appendix B)—buried behind several buttons on the homepage. On the website, there are three sentences under the headline “Be Fentanyl Aware,” describing the potency of fentanyl, which drugs it is commonly found laced in, and links to the county public health department and the CDC to read more about it. Another three sentences under the heading “Naloxone Saves Lives” describe what naloxone is, mentioning that it can be obtained at a local pharmacy or a “training held on campus each term” and a training link to learn about how Narcan administration. Finally, there is a question and answer in the Frequently Asked Questions section, countering the common misconception that harm reduction increases drug use. Other information on the Substance Abuse Prevention page primarily focuses on alcohol and marijuana abuse, cocaine, and prescription drugs. Links to counseling services, information about partying safely, and other resources are on the Substance Abuse Prevention page, but there is no other mention of fentanyl or harm reduction. The Substance Abuse Prevention and Education team manages an Instagram page with several hundred followers, containing easy-to-read infographics about fentanyl and harm reduction.

Regarding other prevention, the university requires all first-year students to take an online university prevention course administered through 3rd Millennium Classrooms— which many students quickly skip through. This course includes “four modules that cover alcohol, consent and respect, cannabis, and other drugs” (Dean of Students Website). None of these courses mention fentanyl or harm reduction. Regarding recovery programs, the university has a

Collegiate Recovery Center located in the student union building, focused on students with addiction issues. The center offers “individual consults, group sessions, support meetings, and recovery events” and is free of charge, though the focus is on those with addiction and not the one-time drug user.

2.1.1 Gaps

After examining the University of Oregon’s website, it is evident that information regarding the fentanyl crisis and harm reduction is severely lacking. While the Substance Abuse Prevention page mentioning both terms and including links with more information is a start, there is a lack of more extensive information and mention of the severity of the issue in the area. According to a statement released by the City of Eugene in October 2022, “no street drug is safe to take,”— describing the incredibly high levels of fentanyl in the recreational drug supply in the Eugene community. While the Substance Abuse and Prevention Education team provides valuable and often comprehensive information about fentanyl and harm reduction on Instagram, this information is informal and limited to those who follow their page or come across their posts. Their Instagram page only has a few hundred followers, compared to the approximately 24,000 students at the University of Oregon. Finally, the online prevention modules required for all first-year University of Oregon students may be an incredibly valuable tool for those who properly complete it, currently providing essential prevention information. However, the lack of *any* information regarding the fentanyl crisis, which is the leading cause of death for college-age individuals, misses a straightforward way to include life-saving information for *all* incoming students.

2.2 Harm Reduction Resources

Regarding the distribution of actual harm reduction resources, there have been two notable types of distribution methods: 1) Naloxone/Opioid Overdose Training and Distribution events or 2) Naloxone or Fentanyl Test Strip Distribution at the annual ASUO Student Government Street Faire. Naloxone distribution and training events were primarily organized by the Substance Abuse Prevention and Education (UO SAPE) team or the Students for Global Health (UO SGH) student organization. While combinations of collaborations varied between events, many included frequent partnerships with the local harm reduction non-profits HIV Alliance and the Community Outreach through Radical Empowerment (C.O.R.E.) Eugene, the Associated Students of the University of Oregon—the university’s student government—and the Men’s Resource Center. In 2023, there were naloxone training events on May 11th and May 12th, hosted in UO SAPE in collaboration with UO SGH, the Associated Students of the University of Oregon, and local harm-reduction nonprofits CORE Eugene and HIV Alliance. On March 2nd, there was another training and distribution event. In 2022, UO SGH organized a series of “UO Community Opioid Overdose Response Trainings” with events on October 11th and November 8th. An additional training event was put on in April by UO SAPE, the Men’s Resource Center, and the HIV Alliance.

Tabling to distribute naloxone or Fentanyl Test Strips began with the non-profit Henry’s Uncle—a 501c3 created by a UO alumni who aimed to bring awareness to the opioid crisis after his brother’s overdose in 2014—at the Spring Student Government Street Fair in the spring of 2022. As the response was so popular, the student government brought back Henry’s Uncle again for the Fall 2022 Street Fair and HIV Alliance to table for the Spring 2023 Street Faire. At these tabling events, students learned about the dangers of fentanyl, received training on naloxone, and

received a free dose. Education focused on reducing the stigma surrounding harm reduction was one of the key priorities. At the Fall 2023 Street Faire, there was no Narcan distribution, but hundreds of newly legalized Fentanyl Test Strips were.

2.2.1 Gaps

While the harm reduction distribution events at the University of Oregon have been a useful resource in addressing the fentanyl crisis, there is a noticeable lack of systemization and institutionalization of these practices. Of the naloxone distribution events, there is a notable reliance on local non-profit organizations for harm reduction resources and student organizations for logistical and organizational support. There seems to be *no* funding from the University for any harm reduction resources. Partnerships with outside organizations, the state or county, or through the university's budget are necessary to reduce the student burden. Furthermore, these distribution and training events lack consistency. While there were many events from 2022-2023, there have been no events during the 2023-2024 academic year— as of March 2024. The high costs associated with purchasing naloxone may be the cause, given the approximately \$50 price for a two-pack (Walker, 2023). As non-profits often lack financial resources, the cost of distributing hundreds of doses for free may not always be possible.

3 Existing Practice — Other Universities

Despite the lack of a standardized harm reduction program at the University of Oregon, a handful of universities across the United States model exemplar cases that may provide a model for an established distribution program. While harm reduction programs were not commonplace on college campuses during the early years of the fentanyl crisis, a surge of harm reduction programs were recently introduced on campuses in the fall of 2023— primarily oriented around the distribution of Narcan. The vast majority of these Narcan initiatives fall under seven

categories: 1) training and distribution events, 2) vending machines, 3) certification and pickup, 4) general pickup locations, 5) residence hall programs, 6) campus building, and 7) pop-up events. Examples of each of the seven categories can be found in *Table 1* below.

<i>Categories</i>	Training & Distribution Event	Vending Machines	Certification and Pickup	General Pickup Location
<i>University Example</i>	California Polytechnic State University, San Luis Obispo, CA	Oakland University, MI	University of Berkeley, CA	University of Washington, WA
<i>Description</i>	<p>Several recurring “Can You Narcan?” events are held throughout the term, including “free snacks, activities, giveaways” and “free test strips, overdose prevention kits and, of course, Narcan.” At the event, students are trained on overdose signs and how to administer Narcan.</p> <p>The events are hosted by Campus Health and Wellbeing (Roistacher, 2023).</p>	<p>A single vending machine on campus “allows students, faculty members and anyone who visits campus free and easy access to the drug.”</p> <p>Implementation was a partnership between students and the police department, funded by the county’s health department (Alonso, 2023).</p>	<p>Students complete an online training module and take a short quiz. If they pass, they receive a certification of completion, which they present at a pickup location to receive naloxone from four on-campus locations or residential spaces.</p> <p>The Harm Reduction Expansion Project is sponsored by the Collegiate Recovery Program, Party Safe, a grant from the Berkeley Wellness Fund, and the Chancellor’s Advisory Committee on Student Services and Fees (UHS Berkeley, 2024).</p>	<p>Narcan and Fentanyl Test Strips are available for self-serve pickup at locations throughout campus (ie. Health Promotion Office, Student Food Pantry, & Dining Hall). Kits are either available in bins or at the vending machine location on campus.</p> <p>These locations are supported by the University of Washington LiveWell Program (University of Washington).</p>

Table 1: Categories of Narcan Initiatives

<i>Categories</i>	Residence Hall Programs	Campus Buildings	Pop-Up Distribution Events
<i>University Example</i>	University of Wisconsin, Madison, WI	Clemson University, SC	University of North Carolina, Chapel Hill
<i>Description</i>	<p>“Nalox-ZONE” kits containing naloxone, breathing masks, and administration instructions have been installed in 25 campus locations, predominantly residence halls.</p> <p>The program is funded through Wisconsin Voices for Recovery’s Nalox-ZONE program (UW-Madison News, 2023).</p>	<p>Emergency ONEbox Narcan kits were installed in 22 buildings across campus that receive the most visitors on a daily basis. Students may also request additional free training (Madows, 2024).</p> <p>The program is a collaboration between Student Health Services, Clemson Rural Health, and the South Carolina Department of Alcohol and Other Drug Abuse Services (Student Health Services, Clemson, 2024).</p>	<p>At tabling events, the student group Carolina Harm Reduction Union provides naloxone demonstrations and hands out the “anti-funeral drug” free of charge.</p> <p>The naloxone is provided by the Caroline Harm Reduction Union student group in partnership with the nonprofit Remedy Alliance/For the People (Nadworny & Schelmmmer, 2023).</p>

Table 2 Continued

4 Analysis of Campus Harm Reduction Programs

The introduction of campus harm reduction programs across the United States has led to diverse approaches to combatting the fentanyl crisis. Each of the seven categories of programs comes with unique benefits and gaps or challenges.

4.1 Training & Distribution Events

By hosting large training and distribution events, college campuses can guarantee that large groups of people receive comprehensive proper training on identifying overdose signs and the appropriate administration of intravenous naloxone or Narcan. These events occur in large group settings, allowing students to show up with their friends and peers and helping reduce the stigma sometimes associated with harm reduction. Furthermore, large attendance helps foster community support and engagement, demonstrating that combatting the fentanyl crisis through harm reduction is a *community* effort. Every person who attends these voluntary trainings is there for a personal reason, and a large turnout may allow students to feel like they are not alone.

While training and distribution events are significant, these events have limited reach. Attendance heavily depends on promotion, and many students may be unaware of the events. Students who are aware of the events may not be able to make the time. Large training events may also face logistical challenges associated with organizing large events, including the often high cost of venues. Frequently, these events also rely on external support for training and funding for Narcan and Fentanyl Test Strips, raising concerns about the long-term sustainability of the training events. Finally, the in-person events also may hinder those who do not want to be seen obtaining harm reduction materials from doing so.

4.2 Vending Machines

Narcan and Fentanyl Test Strip vending machines provide 24/7 accessibility to naloxone, allowing students to pick up doses whenever is most convenient to them. Additionally, these machines prevent human interaction in accessing Narcan or Fentanyl test strips, providing students anonymity, which may encourage more to access the medication. Following setup costs, the vending machines may also be more cost-effective to maintain than regularly staffing and organizing events. Narcan and Fentanyl test strip vending machines borrow from harm reduction vending machines, which are an evidenced-based strategy that has been implemented in other countries since 1987 (Reid et al., 2023). Despite the accessibility, privacy, and cost-effectiveness, a frequent concern is the lack of training before students receive a dose.

4.3 Certification & Pickup

This approach guarantees that students are adequately trained to administer the Narcan they receive by requiring them to take an online quiz before receiving a certification that allows them to pick up Narcan. The training certification also ensures Narcan resources are distributed effectively only to individuals who take the time to receive proper training, which may make them more likely to carry it around and use it. However, implementing a certification requirement may further reinforce privacy concerns around attaching their name to accessing harm reduction resources. Furthermore, the additional burden created by requiring training may delay students' access in a situation that is needed or turn away students from accessing it because of the additional work required.

4.4 General Location Pickup

Providing no-barrier access to naloxone kits at pickup locations around campus is an easy way to distribute naloxone to students on campuses who want it. This approach is relatively

accessible and prevents additional barriers to accessing naloxone. Similar concerns around the lack of proper training, privacy, and accessibility beyond open hours exist.

4.5 Residence Hall Programs

By installing naloxone kits in residence halls, universities provide access to life-saving medication in areas that commonly host many parties that may be the site of potential fentanyl overdoses. As the kits are in close proximity to frequent sources of parties, in high-risk areas, it provides quicker access to these kits, which is essential given the short window before fentanyl overdoses may become fatal. Once again, concerns over education are a fear, alongside the sole focus on one population of the campus community. As the naloxone kits are not distributed directly to students, the kits cannot be used for overdoses at off-campus parties.

4.6 Campus Buildings

Providing Narcan kits in campus buildings ensures a large geographic coverage for overdoses that may occur on the campus. Additionally, it sends a public health message that the University recognizes the growing crisis. Its presence in academic buildings alongside AEDs encourages students to ask questions about what the Narcan kits are. However, the installation of kits without proper training assumes that in the case of an overdose, there are students who are properly trained in how to read overdose signs and administer Narcan. Given the location of the kits in academic buildings, the kits are only applicable if an overdose were to occur on campus. As many overdoses occur in party settings in residential buildings or off-campus, the kits may not be helpful in more likely situations of fentanyl overdose.

4.7 Pop-Up Distribution Events

Pop-up Narcan or Fentanyl test strip distribution events or tabling benefit from visibility in high-traffic areas on campus. Typically staffed with friendly people and featuring welcoming

promotional materials, these events may draw people from all demographics while simultaneously reducing the stigma around harm reduction. Nevertheless, these events may prevent introverted students from accessing these resources. In addition, while some of these events may attempt to provide Narcan training, the sporadic nature of the interactions at these tables may translate to less comprehensive training that may be forgotten. These events also require planning and do not provide permanent locations to access these resources.

5 University-Level Findings

The University of Oregon does not have a comprehensive harm reduction program. While its existing efforts are important, interventions at other universities provide strong examples. This policy review does not aim to critique the University of Oregon solely, as many universities do not have comprehensive harm reduction programs. Instead, it seeks to highlight the role universities have in addressing the fentanyl crisis while exploring programs at universities across the country. Surprisingly, most are collaborative initiatives, with many receiving funding from external sources. After examining many of these programs, it is evident that the vast majority focus on the distribution or installation of Narcan and or fentanyl test strips.

Upon analyzing the seven types of programs, each type has significant limitations. To minimize these limitations, a combination of interventions likely would yield the greatest results. As the survey demonstrates a strong willingness to attend Narcan training events at the University of Oregon, the training and distribution events should continue regularly with additional financial and logistical support from the University to ensure sustainability. However, given the lack of anonymity, the potential conflicts with students' schedules, and the reliance on promotion, these events should exist alongside either a harm reduction vending machine or a

certification and pickup program— each addressing these concerns. Given the difficulty of collecting empirical data to measure the effectiveness of each of the seven Narcan distribution programs, combining programs such as regular distribution events and a vending machine best addresses each intervention’s limitations.

Conclusion

This work examines the unique threat of the fentanyl crisis on college students and their awareness and perception of the crisis itself and harm reduction strategies. Despite a lack of attention given to the impact of the crisis on college campuses, the findings from this study underscore the critical importance and urgency for which harm reduction initiatives, specifically the distribution and accessibility of Narcan, must be implemented to mitigate the impact of the crisis on college campuses. Using the University of Oregon as a case study, with implications for college campuses nationwide, the study incorporated a comprehensive mixed-methods approach, including a survey, limited media review, and limited university policy analysis. Several key insights were found as a result, highlighting the promise and challenges of implementing harm reduction programs on college campuses.

1 Key Findings

1.1 High Willingness to Carry Naloxone

The survey results indicate an overwhelming willingness among the student sample to carry Narcan, motivated by a strong sense of community responsibility and personal encounters with the fentanyl crisis—ranging from peers and coworkers to family and friends. Over 63% of the respondents listed community members as a reason for wanting to carry Narcan, while nearly half claimed it was for friends or family. While survey respondents represent a convenient sample, the unanimous support for Narcan on campus among the sample is driven by personal experiences with the fentanyl crisis or a recognition of the crisis in their community. The findings suggest that a personal connection to the crisis or a close connection to one's community is vital for students engaging in harm reduction efforts.

1.2 Lack of Knowledge and Accessibility of Naloxone

Despite the strong support for Narcan and willingness to carry it, there is a significant lack of knowledge of where students can access it. Nearly half of the respondents did not know where to access naloxone outside of campus, and many did not realize that pharmacists could prescribe it. Furthermore, most students shared they would not go to a pharmacy to get Narcan. While some policymakers suggest pharmacy distribution is sufficient, the results suggest it is instead a barrier for many college students that may dissuade them from accessing it. This hesitancy is likely driven by concerns about privacy, cost, and the perceived stigma associated with obtaining overdose medication. Pharmacy-based distribution is not doing the job, failing to take advantage of students' broader willingness to carry Narcan. While public health practitioners encourage everyone to carry it, the discouraging nature of pharmacy-based distribution simply is not meeting that mandate. Given that the convenient sample may already be more likely to engage with harm-reduction resources, the findings suggest the need for increased education about existing resources and alternate programs for naloxone distribution for college students.

1.3 The Severity of the Fentanyl Crisis on College Campuses

While the University of Oregon is only one public university, the prevalence of fentanyl in the drug supply and the number of seizures surrounding the campus area depict the severity of the crisis near a college campus. For example, enough fentanyl to kill four million people was found less than a mile from campus, and the Eugene police believe no street drug is safe to take. The reverberating impacts of the crisis are felt in the campus community, evidenced by multiple overdoses and deaths near campus and nearly half of survey respondents witnessing an assumed fentanyl or opioid overdose. While no exact number of overdoses explicitly from illicit fentanyl in the campus community can be measured, for logistical reasons, the sheer number indicates a

worrying trend rather than a one-off accident. Many survey respondents shared the devastating personal tolls of the crisis, sharing stories of friends and family members overdosing, including one student whose best friend who previously saved them from suicide passed from an accidental overdose due to fentanyl-laced pills. These stories highlight the emotional toll of the crisis on students and demonstrate how unique factors of college life, such as the normalization of recreational drug use, rampant peer pressure, and the search for social acceptance, all contribute to increased risks of fentanyl exposure and overdose.

1.4 The Success of Harm Reduction Programs

Collaborative efforts between student organizations, non-profits, and university efforts have shown promise in addressing the crisis. Narcan distribution and training events were well received, drawing high attendance and positive engagement. Few survey responses describe how respondents used Narcan in situations to save the lives of loved ones. Within the University of Oregon campus community, the Eugene Police Investigation Sergeant has stated, “[I]nvestigators have entered scenes where overdose is occurring and Narcan was being administered by another party goers” (Eckert, 2022). Nevertheless, these initiatives frequently rely on outside organizations for funding and resources, lacking institutional university support. This outside reliance threatens these university harm-reduction programs' long-term sustainability and reach, demonstrating the need for institutionalized harm-reduction programs on college campuses. Further, the university lacks communication about the fentanyl crisis and harm reduction strategies, highlighting the need for a comprehensive approach, including education, to be paired with harm reduction programs.

2 Recommendations

The findings of this thesis demonstrate a clear need for universities, particularly the University of Oregon, to establish institutionalized harm reduction programs— including Narcan training and distribution. Funding for an established university program would guarantee sustainability and resources to create a comprehensive program, including initiatives like complimentary educational campaigns. While many students may already have surface-level support for harm reduction and Narcan, university communication can better support education about the rise of fentanyl in recreational drugs and the safety and efficacy of Narcan. It can also combat the stigma associated with harm reduction, creating a more informed campus community. Given the hesitancy to seek Narcan outside of the campus community, universities should work to implement alternative methods of Narcan distribution, such as free Narcan vending machines and distribution events. Reducing barriers and increasing accessibility of harm-reduction materials is crucial and creates a proactive approach to combatting the fentanyl crisis, which may otherwise cost students' lives. Finally, the findings demonstrate a clear threat of fentanyl to the University of Oregon and examine characteristics of college communities that exacerbate the threat to college students.

By understanding the severe impact of the growing fentanyl crisis on the University of Oregon's campus, stakeholders can better understand the critical urgency of implementing robust harm reduction measures across college campuses nationwide. Doing so is essential to prevent further tragedies and safeguard students' health amid an escalating public health emergency.

Appendix

1 Appendix A – Survey Questions

- Do you support our mission in reducing campus and community overdoses via the wide spread distribution of Narcan? Narcan is the lifesaving drug that reverses opioid overdose.
- Do you feel prepared to recognize the signs of overdose after receiving training? If not, what would prepare you more? Please put N/A if you feel prepared
- Do you want to carry Narcan for... (select all that apply)
 - Yourself; Friends or Family Members; Other Community Members
- Why do you want to carry Narcan?
- Do you know where you can access Narcan in the community (Outside of this event)?
- Do you feel like the administration of the university provides enough education regarding overdose prevention? This does NOT include student organizations or events like this one.
- Have you ever witnessed an assumed opioid overdose or known an individual who has overdosed from opioids? These can include drugs that are laced with opioids.
- How concerned are you about the potential for an overdose occurring when you are in an environment with recreational drugs?
 - Scale of 1-5
- Do you know of friends or peers that would be interested in Narcan if they could get it for free?
- Are you aware that Oregon pharmacists can write prescriptions for Narcan?

- What is the likelihood that you would go to the pharmacy for a Narcan prescription?
- What is your understanding of the OR Medical Amnesty Law?
- Do you have any other questions for us or comments that you would like the administration to hear?

2 Appendix B – UO Dean of Students “Other Drugs” Page

The screenshot shows the 'Office of the Dean of Students' website. The navigation menu includes 'Prevention', 'Sexual Assault Response', 'Off-Campus Living', 'Conduct', and 'About'. Under 'Prevention', there are links for 'Sexual Violence', 'Substance Abuse', 'Hazing', 'Recovery', 'Required Prevention Course', 'Get Explicit 101', and 'Men's Resource Center'. The main heading is 'Know the Risks', followed by a paragraph: 'Substance Abuse Prevention and Education aims to curb drug and alcohol misuse and abuse by educating students and empowering them to make healthy decisions. Our harm-reduction lens does not promote or encourage the use of substances but instead equips students with information that may help aid in smart decision-making.'

<h3>Be Fentanyl Aware</h3> <p>Most commonly found in pressed pills or powders, Fentanyl is a potent opioid that is 50 to 100 times stronger than morphine. Avoid using illicit substances, take medication only prescribed to you, and never use alone. Learn more through Lane County Public Health and the CDC.</p>	<h3>Know the Signs</h3> <p>Overdose is a serious medical event that can look different based on the substance consumed. Signs and symptoms of a depressant overdose may include shallow breathing, cold skin, vomiting, and loss of consciousness. Call 911 even if you're unsure.</p>	<h3>Know the Rx</h3> <p>Prescription drug abuse includes:</p> <ul style="list-style-type: none"> • Taking more than the written dose • Combining prescriptions and/or alcohol • Using someone else's medication • Starting or stopping any medication before consulting with your doctor
<h3>Study Smart</h3> <p>There are various ways to better your study routine and ensure success on future exams. Get adequate sleep, eat a healthy snack, take breaks, create a schedule, commit to exercising, and stay hydrated.</p>	<h3>Naloxone Saves Lives</h3> <p>Naloxone (also known as Narcan) is an opioid antagonist capable of reversing an overdose from Fentanyl or other opioidergic substances. To obtain naloxone, visit your local pharmacy or attend a training held on campus each term. Learn how to administer Narcan through NEXT Distro.</p>	<h3>Drugs Don't Mix</h3> <p>Mixing drugs or combining them with alcohol increases associated risks dramatically.</p> <ul style="list-style-type: none"> • Never combine medications without consulting with your doctor. • Never mix drugs of differing classes. • Never combine alcohol with other depressants.

Figure 1: UO Dean of Students “Other Drugs” Page

Bibliography

- Admissions. (2024). *Admissions*. <https://admissions.uoregon.edu/uo-facts>
- Alonso, J. (2023, October). *Narcan, Fentanyl test strips in college vending machines*. Inside Higher Ed | Higher Education News, Events and Jobs. <https://www.insidehighered.com/news/students/physical-mental-health/2023/10/30/narcan-fentanyl-test-strips-college-vending>
- Bazazi, A. R., Low, P., Gomez, B. O., Snyder, H., Hom, J. K., Soran, C. S., Zevin, B., Mason, M., Graterol, J., & Coffin, P. O. (2024, April 3). *Overdose from unintentional fentanyl use when intending to use a non-opioid substance: An analysis of medically attended opioid overdose events - journal of urban health*. SpringerLink. <https://link.springer.com/article/10.1007/s11524-024-00852-0>
- Bonham, R. (2023a, September 1). *Suspected drug dealer arrested after Police Intercept Exchange*. KEZI 9 News. https://www.kezi.com/news/suspected-drug-dealer-arrested-after-police-intercept-exchange/article_dd687146-4900-11ee-9c4a-1718491d3319.html
- Bonham, R. (2023b, December 22). *Police arrest two suspects on drug charges following search of Eugene Home*. KEZI 9 News. https://www.kezi.com/news/police-arrest-two-suspects-on-drug-charges-following-search-of-eugene-home/article_d1d774fc-a0fe-11ee-926b-ff54dcdabece.html
- City of Eugene. (2022a). *The presence of fentanyl means no street drug is safe to take*. Eugene, OR. <https://www.eugene-or.gov/CivicAlerts.aspx?AID=5841&ARC=13660>
- City of Eugene. (2022b, October). *A eugene police DUII traffic enforcement results in largest fentanyl seizure in department history*. Eugene, OR. <https://www.eugene-or.gov/CivicAlerts.aspx?AID=5840&ARC=13659>
- Clemson. (2024). *Naloxone (narcan®): SHS: Division of Student Affairs, Clemson University, South Carolina*. Naloxone (Narcan®) | SHS | Division of Student Affairs, Clemson University, South Carolina. <https://www.clemson.edu/studentaffairs/find-support/shs/resources/aod/narcan.html#narcan174availability>
- Corkery, M. (2023, July 29). *Fighting for Anthony: The struggle to save Portland, Oregon*. The New York Times. <https://www.nytimes.com/2023/07/29/us/portland-oregon-fentanyl-homeless.html>
- Desaulniers, R. (2024, February 14). *Eugene police find 16 pounds of meth in search of home reported by neighbors*. KEZI 9 News. https://www.kezi.com/news/eugene-police-find-16-pounds-of-meth-in-search-of-home-reported-by-neighbors/article_6d0b6e50-cb6c-11ee-8223-4f3019d0f2fb.html

- Doughty, B., Young, S., & Eggleston, W. (2022, July). *Assessment of a comprehensive naloxone education program's impact on community member knowledge and attitudes on a college campus*. Journal of American college health : J of ACH. <https://pubmed.ncbi.nlm.nih.gov/32877623/>
- Eckert, T. (2022, April 27). *Fentanyl found in most drugs dealt on the streets of Eugene, police say*. KLCC. <https://www.klcc.org/crime-law-justice/2022-04-26/fentanyl-found-in-most-drugs-dealt-on-the-streets-of-eugene-police-say>
- FOX 12. (2023, October 13). *80,000 fentanyl pills, 92 lbs. of cocaine seized during Oregon I-5 traffic stops*. <https://www.kptv.com>. <https://www.kptv.com/2023/10/13/80000-fentanyl-pills-92-lbs-cocaine-seized-during-oregon-i-5-traffic-stops/>
- Gale, J., & Hoffman, J. (2023, July 31). *Scenes from a city that only hands out tickets for using fentanyl*. The New York Times. <https://www.nytimes.com/2023/07/31/health/portland-oregon-drugs.html>
- Green, E. (2024, January 16). *Investigation: Most Oregon drug use prevention programs for KIDS NOT SCIENCE-backed*. Oregon Public Broadcasting. <https://www.opb.org/article/2024/01/16/investigation-most-oregon-drug-use-prevention-programs-for-kids-not-science-backed/>
- Goldman, Wayne, K. M., Periera, K. A., Krieger, M. S., Yedinak, J. L., & Marshall, B. D. L. (2019). *Perspectives on rapid fentanyl test strips as a harm reduction practice among young adults who use drugs: a qualitative study*. Harm Reduction Journal, 16(1), 3–3. <https://doi.org/10.1186/s12954-018-0276-0>
- Harm Reduction International. (2023, November 7). *What is harm reduction?* <https://hri.global/what-is-harm-reduction/>
- Hatteberg, Kollath-Cattano, C., Weller, D. S., & Scully, A. E. (2022). *Encountering Overdose: Examining the Contexts and Correlates of US College Students' Overdose Experiences*. Substance Use & Misuse, 57(10), 1599–1607. <https://doi.org/10.1080/10826084.2022.2102188>
- Hunt, C. (2022, March 4). *Eugene Man sentenced in overdose death of UO student*. KEZI 9 News. https://www.kezi.com/news/crime/eugene-man-sentenced-in-overdose-death-of-uo-student/article_d853eba8-9b4c-11ec-815c-5f8ef3733f56.html
- Jones, J. D., Campbell, A., Metz, V. E., & Comer, S. D. (2017, August). *No evidence of compensatory drug use risk behavior among heroin users after receiving take-home naloxone*. Addictive behaviors. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5449215/>

- Kloxxado. (2023, September 15). *With fake adderall® on the rise, the overdose epidemic has now reached teenagers1*. Kloxxado®. <https://kloxxado.com/blog/with-fake-adderall-on-the-rise-the-overdose-epidemic-has-now-reached-teenagers1/>
- KTVL. (2024). *Eugene Police: 55-year-old man arrested on drug possession, manufacture charges*. <https://ktvl.com/news/local/eugene-police-55-year-old-man-arrested-on-drug-possession-manufacture-charges>
- KVAL, N. (2023b). *Police: Eugene K9s help officers in fentanyl delivery arrest*. <https://kval.com/news/local/police-eugene-police-department-k9s-help-police-in-fentanyl-delivery-arrest-05-18-2023>
- KVAL. (2023a). *EPD Street Crimes Unit seizes firearms, drugs and stolen property in large-scale investiga*. <https://kval.com/news/local/epd-street-crimes-unit-seizes-firearms-drugs-and-stolen-property-in-large-scale-investigation>
- Levin, S. (2024, February 22). *Revealed: 300% surge in deaths of unhoused people in La amid fentanyl and housing crises*. The Guardian. <https://www.theguardian.com/us-news/2024/feb/22/los-angeles-unhoused-deaths-increase-housing-crisis-fentanyl-overdoses>
- Lipari, R., & Jean-Francois, B. (2014). *A DAY IN THE LIFE OF COLLEGE STUDENTS AGED 18 TO 22: SUBSTANCE USE FACTS*. A day in the life of college students aged 18 to 22: Substance use facts. https://www.samhsa.gov/data/sites/default/files/report_2361/ShortReport-2361.html
- Meadows, E. (2024, January 24). *Clemson University installs opioid emergency kits in campus buildings*. WSPA 7NEWS. <https://www.wspa.com/news/local-news/clemson-university-installs-opioid-emergency-kits-in-campus-buildings/>
- Mental Health America. (2023). *Ranking the states 2023*. <https://mhanational.org/issues/2023/ranking-states>
- Mosel, S. (2024, March 8). *Substance abuse in college students: Statistics & Rehab treatment*. American Addiction Centers. <https://americanaddictioncenters.org/rehab-guide/college>
- Nadworny, E., & Schlemmer, L. (2023, October 18). *The latest college campus freebies? naloxone and fentanyl test strips*. NPR. <https://www.npr.org/2023/10/18/1206274353/college-fentanyl-overdose>
- NIAAA. (2021). *Harmful and underage college drinking*. National Institute on Alcohol Abuse and Alcoholism. <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/college-drinking>
- Niche. (2024, May 4). University of Oregon. <https://www.niche.com/colleges/university-of-oregon/>

- NIDA. (2024, May 17). *Drug overdose death rates*. National Institutes of Health. <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>
- Palmeri, J. (2024). *PEER PRESSURE AND ALCOHOL USE AMONGST COLLEGE STUDENTS*. Applied Psychology OPUS. https://wp.nyu.edu/steinhardt-appsych_opus/peer-pressure-and-alcohol-use-amongst-college-students/
- Reid, M., Whaley, S., & Allen, S. (2023, October 31). *Harm reduction vending machines: What are they and do they work?*. Opioid Principles. <https://opioidprinciples.jhsph.edu/harm-reduction-vending-machines-what-are-they-and-do-they-work/>
- Roistacher, C. (2023, October 6). *Campus health and wellbeing hosts “Can you narcan?” to educate on opioid overdose prevention*. Mustang News. <https://mustangnews.net/campus-health-and-wellbeing-hosts-can-you-narcan-to-educate-on-opioid-overdose-prevention/>
- SAMHSA. (2024, March). *Opioid overdose reversal medications (OORM)*. <https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/opioid-overdose-reversal-medications>
- UHS Berkeley. (n.d.). *Fentanyl test strips and Naloxone*. Fentanyl Test Strips and Naloxone | University Health Services. <https://uhs.berkeley.edu/health-topics/fentanyl>
- UW-Madison News. (2023, August 30). *Naloxone nasal spray available in more campus locations*. News. <https://news.wisc.edu/naloxone-nasal-spray-available-in-more-campus-locations/>
- Walker, C. F. (2023, April 20). *Over-the-counter Narcan: How much the opioid overdose drug naloxone will cost*. NBCNews.com. <https://www.nbcnews.com/health/health-news/over-counter-narcan-cost-opioid-overdose-drug-rcna80665>
- Welsh, J. W., Shentu, Y., & Sarvey, D. B. (2019). *Substance use among college students*. FOCUS, 17(2), 117–127. <https://doi.org/10.1176/appi.focus.2>
- Yorke, E. (n.d.). *An examination of the portrayal of homelessness and the opioid crisis in US and Canadian newspapers*. Mospace Home. <https://mospace.umsystem.edu/xmlui/handle/10355/98846>
- Zhang, A. (2022, March 22). *What is harm reduction, the drug-treatment program that sen. Ted Cruz has criticized?*. The Texas Tribune. <https://www.texastribune.org/2022/03/22/harm-reduction-drug-treatment-cruz-biden/>