



**Student Alcohol Use at The University of Montana.
2016 NCHA Key Findings and Comparisons to National Reference Data**

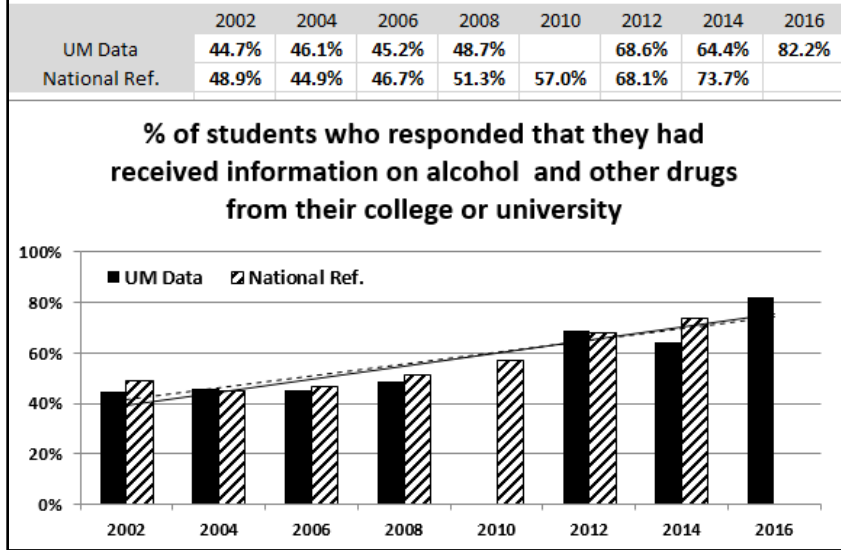
Curry Health Center (CHC) is dedicated to helping students at the University of Montana (UM) achieve academic and personal success. To further this end, CHC administers the National College Health Assessment (NCHA) to UM students to gather information regarding specific UM student health behaviors. The goal of this biennial assessment is to use a college-appropriate instrument to collect local health data, provide information for policy makers, administrators, faculty, staff, and students about current health behaviors, and to guide programmatic priorities. This data aids the campus by providing a firm basis for planning and evaluating services that can positively impact students’ health, safety, and academic performance.

The National College Health Assessment (NCHA) was administered to UM students in randomly selected classes during spring semester 2002 and spring semester 2004. The NCHA was also administered online to a group of randomly selected UM students during the spring semester in 2006, 2008, 2012, 2014, and 2016. Due to technical difficulties with the online administration of the survey, no institutional data was collected as was planned during spring semester 2010. Due to difficulties with sampling process, the spring 2014 survey was administered approximately a month later in the semester than in previous years. This is important to note because many questions in the survey pertain to the 30 days immediately prior to students’ participation in the survey. Because of the timing of the 2014 survey administration, this 30-day period included the UM spring break, potentially skewing some responses in comparison with previous years. The NCHA is administered at numerous colleges and universities across the country, including public and private institutions of all sizes. Institutional and national sample sizes since 2002 are listed below. 2016 national reference data is not yet available.

NCHA spring semester sample size 2002-2016		
	Number of student respondents	
Year	UM	National
2002	1,228	28,258
2004	1,410	47,202
2006	1,703	94,806
2008	2,117	80,121
2010		95,712
2012	1,347	90,666
2014	802	79,266
2016	1,038	

High risk alcohol use has been more prevalent in college aged populations than in other demographic groups, historically. Alcohol use patterns and associated behaviors are therefore of special concern for CHC and the prevention and treatment programming we conduct. The following data illustrates prominent areas of improvement and concern regarding alcohol use by UM students. UM and national reference data are presented longitudinally. For additional information or questions regarding the data, contact Curry Health Center Wellness at 243-2809 or email HealthEd@mso.umt.edu.

Percent of student respondents who reported that they had received information on alcohol and other drugs from their college or university. Comparison of institutional and national reference data.



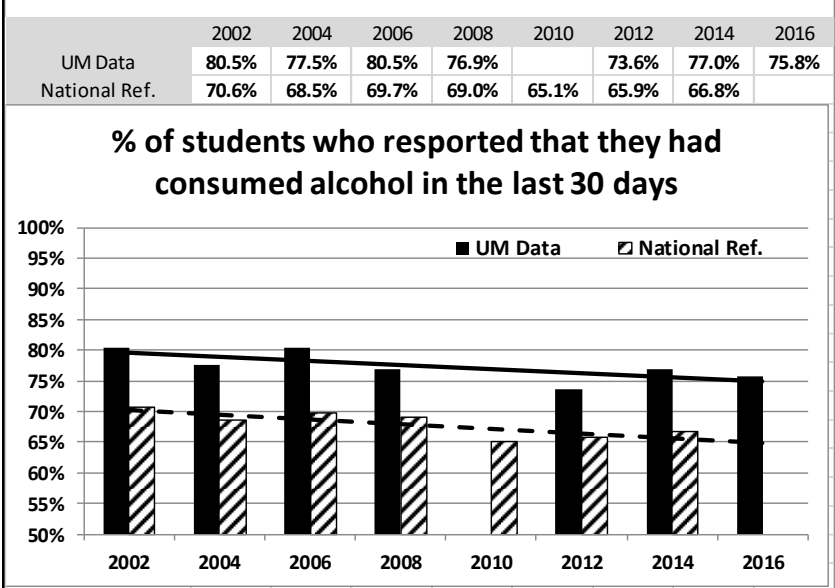
UM students have increasingly reported receiving information on alcohol and other drugs over the last decade. This data is similar to the reference data trend. In 2016, 86.7% of undergraduate students, and 72.8% of graduate students at UM reported receiving such information. A noted difficulty in conveying information on alcohol and other drugs to students is students' indifference to the topic. In 2016 only 24.9% of UM students reported they were interested in receiving

information on alcohol and other drugs from their college or university.

The University of Montana appears to have a slightly greater percentage of students who drink alcohol on a regular basis than the average university population. Though reported 30-day use by UM students has declined somewhat since 2002, national data demonstrates a similar downward trend, and 30-day use at UM has consistently stayed roughly 8-11% higher than reference data.

CHC is not particularly concerned that 30-day use is higher than national averages. While more students at UM may drink alcohol, CHC is more concerned with high risk drinking behaviors and preventing negative outcomes associated with drinking. It should be noted that in spring 2016, 55.3% of first year UM students reported consuming alcohol in the last 30 days compared to 85.6% of fourth year UM students.

Percent of student respondents who reported that they had consumed alcohol in the last 30 days. Comparison of institutional and national reference data.



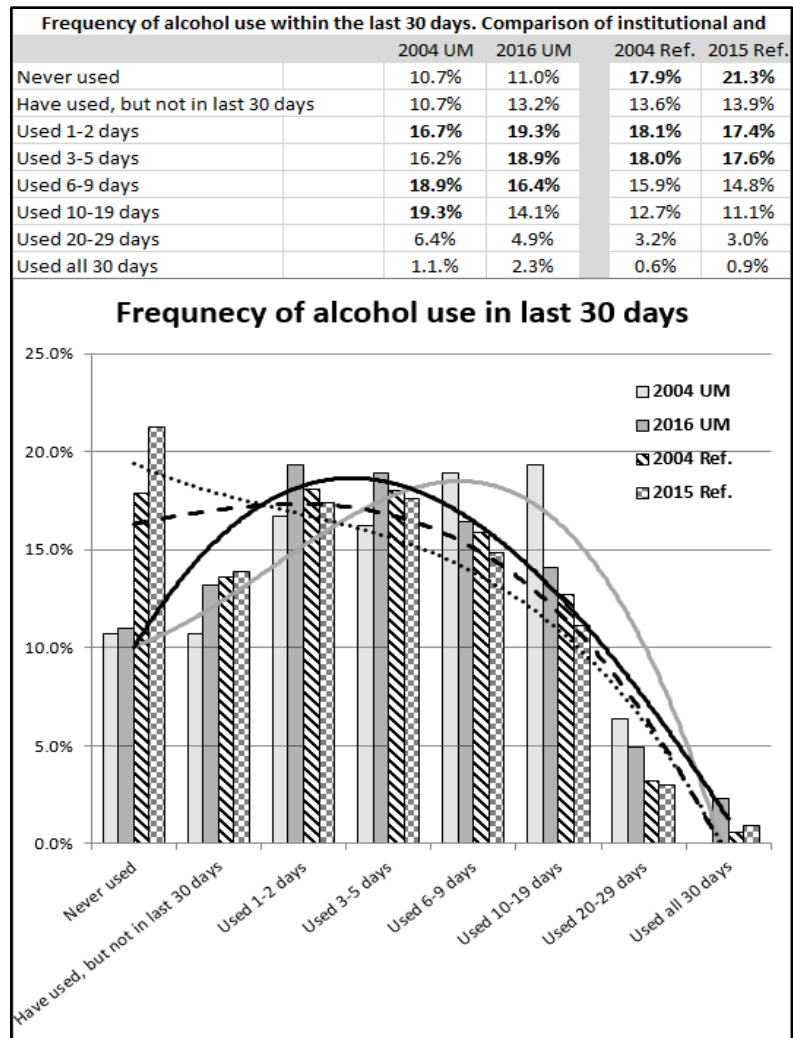
NCHA data suggests UM students consume alcohol more frequently than their peers nationally. Though the percentage of UM student respondents who reported consuming alcohol on 10 or more of the last 30 days has decreased from 29.3% in 2002 to 21.2% in 2016, the average frequency of alcohol consumption nationally has also declined. While the most recent data is not yet available, in spring 2015, just

15% of the national the national reference population reported this more frequent consumption rate.

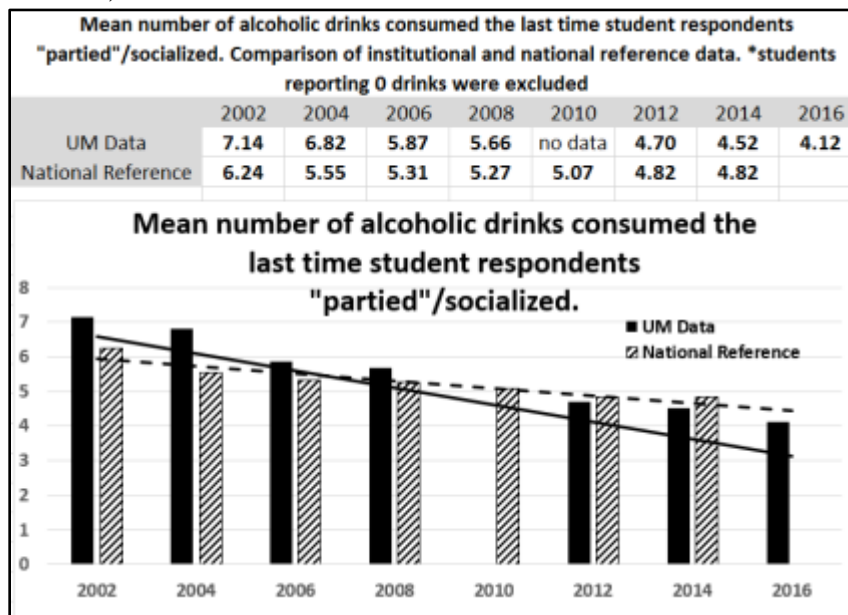
First year UM students reported drinking less frequently than other UM students. Just 12.9% of first year UM students reported consuming alcohol on 10 or more of the last 30 days, compared to 29.4% of graduate students, who drink more frequently than all other groups.

The average number of drinks UM student respondents reported consuming the last time they “partied” or socialized has decreased significantly over the last 14 years. For analysis of this question, individuals who reported not consuming any alcohol were excluded from analysis to provide a better understanding of the drinking habits of those students who do consume alcohol. The average number of alcoholic drinks consumed by UM students the last time they partied was 4.12

in 2016, a decrease of more than three drinks since 2002. There has also been a downward trend



in the national reference data, however this decrease has been much steeper at UM, and UM students are now likely drinking fewer drinks when they party than their peers nationally.



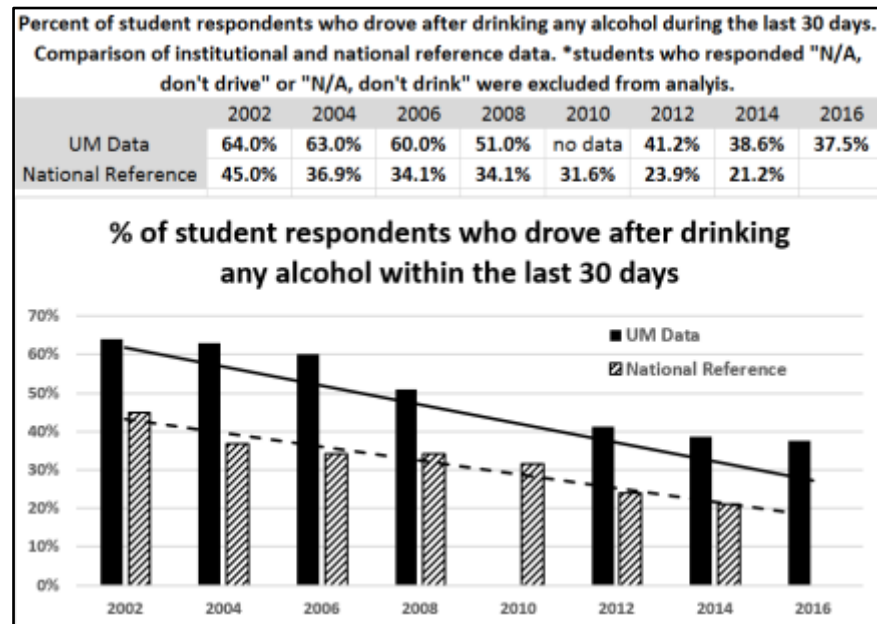
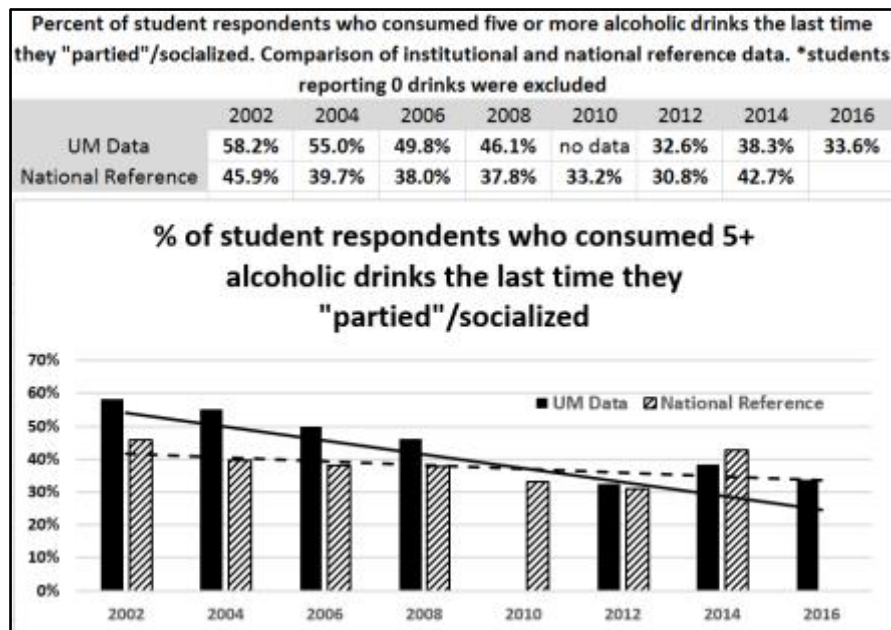
Binge drinking is of particular concern in college populations because of increased prevalence compared to the general population, associated health risks, and negative academic impacts, among other

reasons. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as consuming alcohol in quantities that cause a blood alcohol content (BAC) of .08 or greater. While many factors, including body mass, gender, and rate of consumption among others, influence BAC, the NIAAA states that a BAC of .08 or greater usually occurs when men consume five or more drinks, and women consume four or more drinks in a two-hour period. To generalize binge drinking trends across the entire sample, a descriptor of five alcoholic drinks is typically used because men report binge drinking more often than women.

Since spring of 2002, the percentage of UM students who reported consuming five or more alcoholic drinks the last time they “partied” or socialized has decreased dramatically. In 2002 58.2% of UM students reported this alcohol consumption pattern, compared to 33.6% in 2016.

In addition to the consumption of alcohol, behaviors associated with drinking and

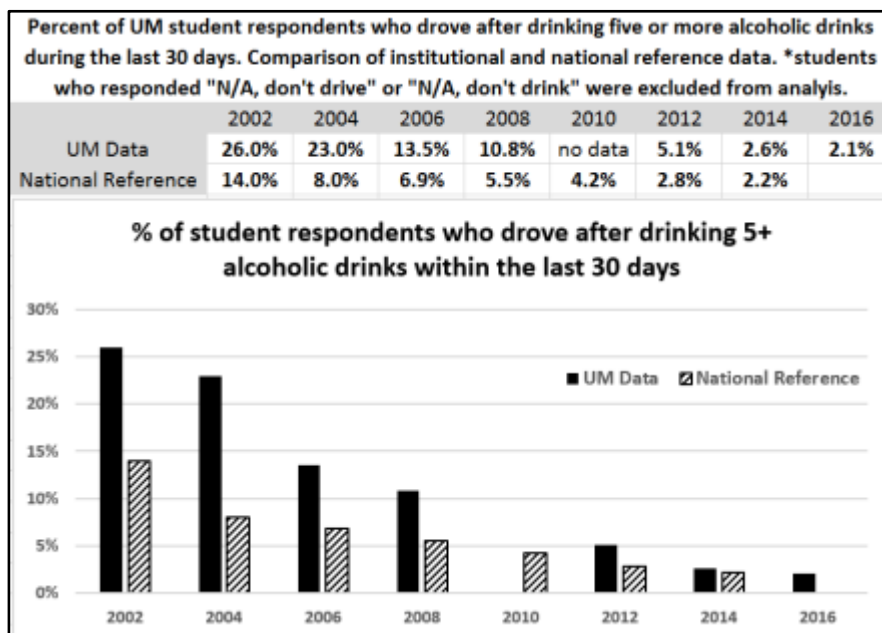
partying can result in positive and negative outcomes for students. One of the most dangerous behaviors associated with alcohol consumption is impaired driving. 2010 Montana State Highway Safety Office data states that alcohol was involved in 92 fatal car accidents during that



year, equaling 48.7% of all fatal car accidents in the state. The National Highway Traffic Safety Administration (NHTSA) reports that Montana has one of the highest alcohol-related traffic fatality rates in the nation. This rate, calculated as number of alcohol-involved deaths per 100 million vehicle miles traveled, has consistently been more than double the national average over the last several years.

While an individual may be able to legally and safely drive after consuming limited quantities of alcohol, it is widely recommended that individuals who consume any alcohol use alternate transportation. Because it is illegal to operate a motor vehicle with a BAC of .08 or greater, the NCHA inquires both about driving after consuming five or more alcoholic drinks and about

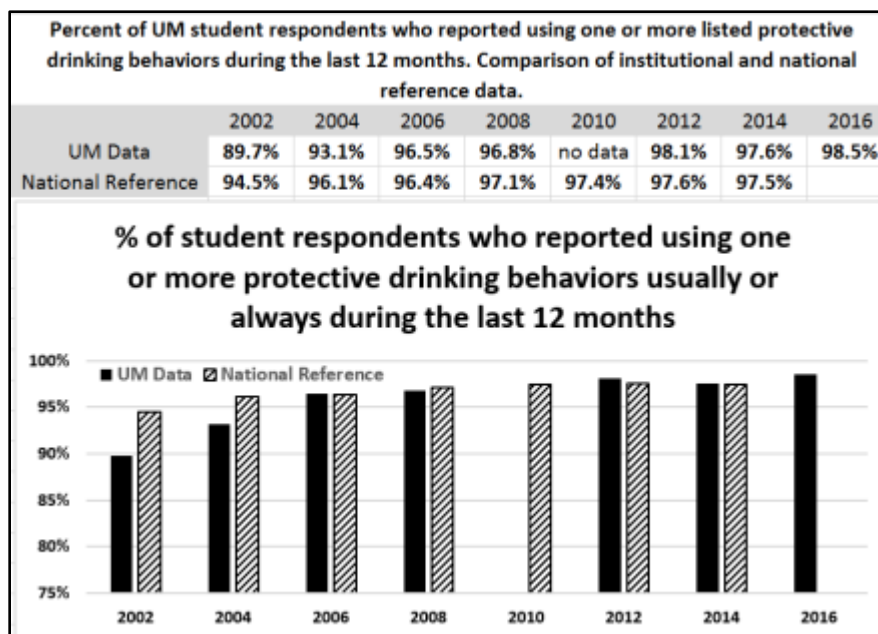
driving after consuming any quantity of alcohol.



The number of UM students who reported driving after drinking five or more alcoholic beverages within 30 days of the assessment has decreased dramatically over the last 14 years. In 2002, UM students reported this higher risk drinking and driving behavior nearly twice as often as the national reference cohort. In 2014, the difference between

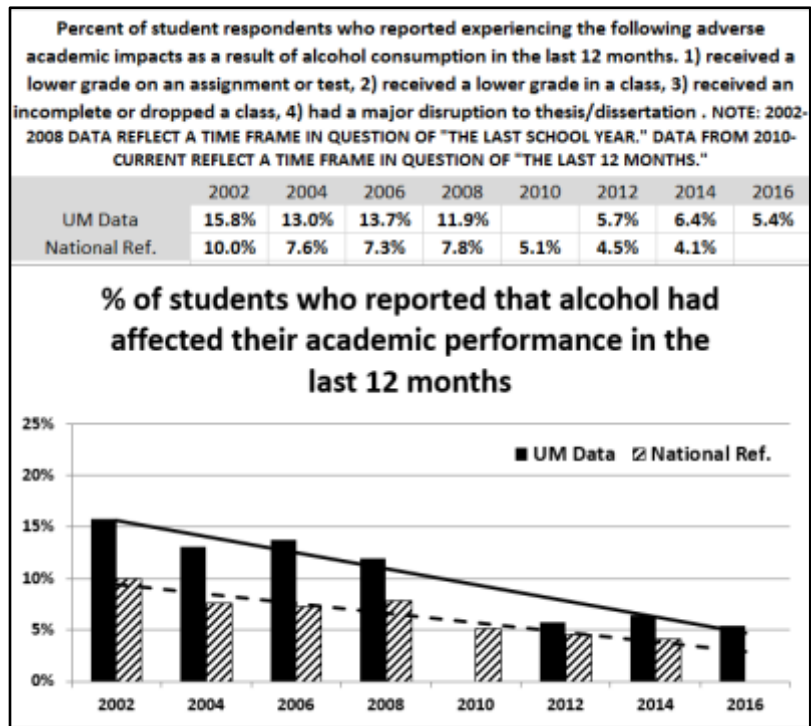
national and institutional data was minimal, and with just 2.1% of UM students reporting driving after consuming five or more drinks in 2016, this dangerous behavior is continuing to decline.

Research has shown that the most effective way to reduce negative outcomes associated with alcohol consumption, especially within the college demographic, is to promote protective behaviors that prevent or minimize risks. These behaviors include but are not limited to using a designated driver or alternate transportation, eating before and during the consumption of alcohol, alternating alcoholic and non-alcoholic drinks, determining in advance a maximum number of drinks to consume and keeping track of how many drinks have been consumed, avoiding drinking games, and choosing not to drink alcohol. The promotion of these protective behaviors, which have



been shown to decrease incidence of alcohol poisoning, impaired driving, unprotected sexual activity, and other higher risk behaviors associated with alcohol consumption, have been a primary focus of Curry Health Center Wellness for several years. An increasing majority of UM student respondents have reported using at least one of such protective drinking behaviors over the last ten years. 98.5% of students reported using these behaviors “usually” or “always” during the 12 months prior to the 2016 NCHA.

Because the University of Montana is an institution of higher learning, it is important to address factors that may have a negative influence on students’ academic performance. One of several factors students reported affecting their academic performance is alcohol use. The percentage of UM students who reported experiencing adverse academic impacts as a result of their alcohol use was significantly lower in 2016 than a decade ago. 5.4% of students reported adverse impacts as a result of alcohol use in 2016, compared to 13.7% reporting such in 2006. Other factors such as stress, anxiety, sleep difficulties, cold/flu/sore throat, depression, work, concern for friends and family members, relationship difficulties, finances, internet and computer use, participation in extracurricular activities, ADHD, and death of family or friends were reported to cause negative academic impacts more often than alcohol use.



The use and misuse of alcohol will continue to be of the utmost concern for Curry Health Center and the University of Montana. NCHA data suggests that the work the university and our office is doing to mitigate risky and unhealthy drinking behaviors has been effective in recent years, as evidenced by dramatic decreases in the reported prevalence of drinking and driving and binge drinking. These dramatic improvements are highly encouraging and Curry Health Center Wellness will continue to promote protective drinking behaviors that reduce negative outcomes associated with alcohol use and work to increase awareness regarding alcohol laws and policies.