

PARTNERS IN PREVENTION
RESEARCH BRIEFS

VOLUME 2
2013 - 2014



Missouri's higher education substance abuse consortium

FOR MORE INFORMATION, VISIT [HTTP://PIP.MISSOURI.EDU](http://pip.missouri.edu)

TABLE OF CONTENTS

Introduction	6
2.1 A Look Ahead	9
Partners in Prevention is pleased to provide Missouri campuses with the second volume of research briefs. Briefs will be published twice monthly and the briefs in Volume two include additional examination of the health behavior of subpopulations of students as well as additional key metrics of the Missouri College Health Behavior Survey, such as student sense of belonging and engagement in campus. PIP will continue to examine key health behavior issues such as alcohol, drug, and tobacco use, driving behaviors, and mental health along with new topics such as interpersonal violence and sexual health.	
2.2 The Missouri College Health Behavior Survey (MCHBS)	10
The Missouri College Health Behavior Survey (MCHBS) is designed to understand the role of alcohol, drugs (illegal and prescription), mental health issues, and gambling on student health and wellness. The survey also provides information regarding attitudes, perceptions of other student’s behaviors, campus and community laws, and policies. This brief examines the behaviors assessed by the MCHBS and includes information about the generalizability of the data.	
2.3 Safety Belt Usage High Among Missouri College Students	12
Traffic crashes are the number one cause of death for college-aged individuals, and wearing a safety belt is one of the best ways to decrease the likelihood of dying in a crash. In Missouri, there is a high usage of safety belts among college students across the state. According to the 2011 Missouri College Health Behavior Survey, the number of Missouri college students who use a safety belt at least most of the time is higher than the national average.	
2.4 The Economics of Prevention	13
The Economics of Prevention” brief discusses how alcohol use on college and university campuses has both long and short term financial impacts. By identifying consequences and associated costs and revenue losses that accompany drinking at colleges and universities, the brief helps to assess the overall value of prevention programming in relation to relative costs incurred by institutions.	
2.5 Prescription Drug Use Among Missouri College Students	15
Partners in Prevention’s Missouri College Health Behavior Survey (MCHBS) inquires about various student health behaviors, including prescription drug misuse. This brief provides information on the prescription drugs most commonly misused and the acceptability of misuse among Missouri college students. In addition, the brief acknowledges potential health consequences of prescription drug misuse.	
2.6 Best Practices in Campus Suicide Prevention	16
Best Practices in Campus Suicide Prevention focuses on the Ask Listen Refer (ALR) program. The ALR program is an online suicide prevention training program designed for students, faculty, staff and parents at colleges in Missouri. The program is individualized by school with campus and community resources. Follow-up information provided by users of the training program have stated that it is a great resource for how to help a friend or student who may be considering suicide. This is important since research shows that students will approach their peers first when a personal concern arises.	
2.7 Alcohol Consumption and Perception by Carnegie Classification	18
The Carnegie Classification system is used in research and analysis of institutions of higher education. For this brief, Partners in Prevention (PIP) has used the classification system to divide member campuses into recognizable groups for comparison, using the Base Classification from the Carnegie Foundation. The similarities and differences in the alcohol consumption and perceptions of students at Baccalaureate colleges, Masters institutions, and Doctoral institutions are examined in this brief.	
2.8 Marijuana Use Among Missouri College Students	20
Marijuana Use Among Missouri College Students explores specific drug use patterns among college students in the State of Missouri. The perceptions of marijuana use and actual rates of marijuana use, as well as prevention and programming efforts aimed at marijuana are examined.	
2.9 Alcohol Consequences by Carnegie Classification	22
Partners in Prevention member campuses vary in their size, mission and student population. As such, this brief uses the established Carnegie Classification system for comparison of similar institutions in order to examine the differences of alcohol related behavior and consequences experienced by students at Missouri’s colleges and universities.	
2.10 An Update on Texting and Driving Among Missouri College Students	23
Texting while driving encompasses the three main types of distraction – visual, manual and cognitive. It also reduces the driver’s focus from the road more frequently and for longer periods of time than other distractions, which the National Highway Traffic Safety Administration says makes it more dangerous than many other forms of driver inattention. For the first time in 4 years, texting while driving rates among Missouri college students declined in 2013. The MCHBS shows an 8% drop in self-reported texting while driving rates in 2013, with 36% of students engaging in the behavior at least sometimes.	

2.11 Alcohol Related Behaviors Among Missouri College Student Athletes **24**
The athletes on Missouri college campuses face unique circumstances when compared to the general student body. A look at the alcohol behaviors of Missouri college athletes shows a difference in both risky drinking behaviors and the use of protective behavior strategies.

2.12 An Analysis of Student Drinking Behavior in Comparison to Student Living Arrangements **25**
This brief analyzes the 2013 Missouri College Health Behavior Survey to determine whether there are differences in high-risk drinking based on the location of students’ living arrangements, such as off-campus, on-campus residence life settings, or Greek housing. In addition to the noticeable differences which were found, Partners in Prevention also determined that where students live is strongly associated with their choice of drinking location.

2.13 Gender Differences in Drinking on Missouri Campuses **26**
Distinct patterns emerge when comparing data on gender and alcohol. When looking at gender differences in drinking, males are prone to drink more yet females are more likely to obtain a higher blood alcohol content (BAC) even when consuming less alcohol. The differences between protective behavior use among males and females is also vastly different. For the purposes of this brief, we only compared data from those identifying as male to those identifying as female.

2.14 Student Sense of Belonging and Drinking **27**
Sense of Belonging is emerging as a powerful construct in student affairs. “Belonging - with peers, in the classroom, or on campus is a crucial part of the college experience. In recognition of the potential interest in this construct, a “Sense of Belonging” scale was added to the 2013 MCHBS survey. When Sense of Belonging scores were compared to student drinking a paradox emerged. These analyses suggest that campuses should review their data in these areas when planning prevention programs.

2.15 Health Behaviors of Missouri College Students from Low-income Counties **28**
PIP focuses on reducing high-risk behaviors, and tracks such progress through the implementation of the Missouri College Health Behavior Survey (MCHBS). The MCHBS is implemented annually and collects student demographic information and reported health behaviors, including alcohol use. Exploration of student responses from the 2013 survey identified striking differences in alcohol use and drug use when comparing students from Missouri’s 10 lowest income counties to students from Missouri’s 10 highest income counties who attend colleges and universities in Missouri.

2.16 Prescription Drug Misuse: Reasons and Outcomes **30**
The Missouri College Health Behavior Survey examines the reasons college students give for misusing prescription drugs and the outcomes students experience as a result of misuse. While students give a variety of reasons for misusing prescription drugs, unpredictable results remain a constant among all possible motives. Misusing prescription drugs is not creating the outcomes initially sought and is even causing conflicting effects for Missouri’s college students.

2.17 Differences in Help Seeking Behaviors by Institutional Classification **31**
According to data from the 2013 Missouri College Student Health Behavior Survey, students at Missouri colleges and universities have similar rates of stress, suicidal thoughts and asking for help. However, who students turn to for help differs by institution. This information suggests that colleges and institutions should examine where students go for help and then channel energy into those resources first.

2.18 Sexual Violence on College Campuses **32**
Partners in Prevention (PIP) is a consortium of 21 college campuses in Missouri dedicated to creating safe and healthy campuses. Following the release of the Dear Colleague Letter on Title IX in 2011, PIP has paid special attention to new regulations and would like to bring each campus’s attention to Title IX and campus sexual assault.

2.19 Key Findings for International Students on the MCHBS **33**
International students face distinct challenges as non-permanent residents on the college and university campuses across the State of Missouri. While they are less than 5% of the student population, their needs and challenges are so diverse and unique that they undoubtedly require specific attention and resources. This brief seeks to identify more precisely the health behaviors of these students in order for campuses to prepare to provide health promotion services to these students.

Partners in Prevention and the Carnegie Classification System Fact Sheet **34**

August 2014

Since 2000, Partners in Prevention (PIP) has been Missouri's higher education substance abuse consortium dedicated to creating healthy and safe college campuses. Focused on preventing high-risk and underage drinking among Missouri's college students, PIP also addresses other problematic health behaviors such as high risk driving behaviors and problem gambling. In addition, PIP provides support and services to campuses across the state to prevent suicide on campus and support positive mental health among college students.

National research in college prevention is clear; a campus prevention effort that is evidence-based, comprehensive and has support from campus administrators is the most effective strategy to reduce high risk and underage drinking and the associated negative consequences among college students. Since our inception, PIP has provided training, technical assistance, funding, and support to Missouri campuses to implement evidenced-based programs.

Last year, PIP provided the Missouri higher education community with a series of nineteen research briefs. Each month your campus received several briefs about the health and safety behaviors of Missouri college students, in areas of high risk drinking, tobacco use, and driving behaviors. Also included were the health behaviors of subpopulations of students, such as students under the age of 21, those at public universities, and students who identify as lesbian, gay, bisexual, or queer. In addition, the briefs provided information about current work being implemented in Missouri to address risky health behaviors.

We hope that these briefs assisted your understanding of the key issues facing our students, as well as how Partners in Prevention and your campus are working to create a healthier and safer campus community. If you have questions about the work of the professionals on your campus affiliated with PIP, please contact your PIP representative identified at the end of this booklet. We once again thank you for your continued support, and encourage you to be vocal, visible, and visionary on issues related to alcohol, drugs, and mental health on campus.

Your Partner,



*Joan Masters, M.Ed., MACSAPP
Senior Coordinator, Missouri Partners in Prevention*

PARTNERS IN PREVENTION
RESEARCH BRIEFS

VOLUME 2



Missouri's higher education substance abuse consortium

FOR MORE INFORMATION, VISIT [HTTP://PIP.MISSOURI.EDU](http://pip.missouri.edu)

A LOOK AHEAD: VOLUME 2 OF THE PARTNERS IN PREVENTION BRIEF SERIES

Since 2000, Missouri Partners in Prevention (PIP) has been providing training, funding and technical assistance to member campuses dedicated to creating healthy and safe college and university environments. While the focus of our statewide coalition has been on preventing high-risk and underage drinking among Missouri's college students, the coalition is also dedicated to addressing other health behaviors such as high-risk driving, tobacco use, and problem gambling. In addition, PIP also provides support and services to campuses across the state to prevent suicide and support positive mental health among college students.

Look for These Topics to be Addressed in Volume Two of the PIP Brief Series

- » The Economics of Prevention
- » An Examination of Off-Campus and On-Campus Student Behavior
- » Students' Sense of Belonging and Related Health Behavior
- » Seat Belt Use Among College Students
- » An Update on Texting and Driving Behaviors
- » Understanding more about Prescription Drug Use Among College Students
- » A Look at Interpersonal Violence among Missouri College Students
- » And Many More!

Last year, PIP provided the Missouri higher education community with a series of eighteen research briefs. These briefs highlighted the range of health behaviors including high risk drinking, tobacco use, driving behaviors, and health behaviors of subpopulations of students, such as students who identify as lesbian, gay, bisexual, or queer. In addition, the briefs provided information about current work being implemented in the state to address these behaviors.

Partners in Prevention is pleased to provide Missouri campuses with the second volume of research briefs. Briefs will be published twice monthly and include additional examination of the health behavior of subpopulations of students as well as additional key metrics of the Missouri College Health Behavior Survey, such as student sense of belonging and student engagement. PIP will continue to examine key health behavior issues such as alcohol, drug, and tobacco use, driving behaviors, and mental health along with new topics such as interpersonal violence and sexual health.

Partners in Prevention has made tremendous progress since its inception in 2000. National research in college prevention is clear - campus prevention efforts that are

evidence-based, comprehensive and are supported by campus administrators are the most effective strategies to reduce high risk and underage drinking and the associated negative consequences among college students. While binge and high risk drinking rates have been static nationally, Missouri rates have dropped drastically. Each year, PIP implements the Missouri College Student Health Behavior Survey at member campuses. PIP is happy to report that the binge drinking rate* of college students in the state has decreased from 34% in 2007 to 25.6% in 2013.

Partners in Prevention encourages campus leaders to be vocal, visible, and visionary on issues related to alcohol, drugs, and mental health. The goal of Volume Two of the Partners in Prevention briefs is to assist campus understanding of the key issues facing Missouri college students, as well as how campuses are working to create a healthier and safer campus communities.

Contact Partners in Prevention at (573) 884-7551
Report prepared by Joan Masters, Partners in Prevention Staff
Funded by the Missouri Department of Mental Health's Division of Alcohol and Drug Abuse

*percentage of students having 5+ drinks in a 2 hour period

MISSOURI COLLEGE HEALTH BEHAVIOR SURVEY FACT SHEET

Partners in Prevention is Missouri's higher education substance abuse consortium dedicated to creating healthy and safe college campuses. The Partners in Prevention Coalition is comprised of 21 public and private college and university campuses across the state. First implemented in 2007 by Partners in Prevention, the Missouri College Health Behavior Survey (MCHBS) is designed to understand the role of alcohol, drugs (illegal and prescription), mental health issues, and gambling on student health and wellness. The survey also provides information regarding attitudes, perceptions of other student's behaviors, campus and community laws, and policies. The MCHBS is administered online every Spring semester to undergraduate students at all coalition campuses across the state. The Partners in Prevention Coalition helps to implement and analyze the data collected from the survey, which in turn is used to design a variety of programming at participating colleges and universities.

MCHBS EXAMINES A VARIETY OF HEALTH BEHAVIORS

Tobacco use

What types of tobacco products do students use? Have students tried to quit, and if so, by what means?

- » Questions in this section identify what type of tobacco products are being used, how often, and in what settings or situations. These questions also seek to identify the age of first use, the role of tobacco as a social behavior, attempts to quit (how, when and why), perceptions of health consequences, and the feelings of students about having a smoke free campus policy. This section focuses not only on cigarette use, but a range of tobacco products including smokeless tobacco, hookah, and E-cigarettes.

Illicit substance abuse

How often have students used or abused illicit substances and prescription drugs? Where do they commonly engage in substance abuse?

- » The survey seeks to understand the abuse of illicit substances in the context of social behavior and determine the consequences of substance abuse as they relate to social, personal, and academic concerns. This section surveys which substances are being abused, how often, by (or with) whom and where such abuse occurs. Includes a wide range of questions targeting specific commonly abused substances (cocaine, methamphetamine, inhalants, ecstasy, heroin, amphetamine, prescription drugs, marijuana, and bath salts).

Alcohol use and abuse

Do students use a designated driver or other protective behavior strategies? Have they encountered legal problems or trouble with campus administrators? Roughly 70 questions on the survey focus on targeting alcohol use and abuse on campus.

- » Questions in this section of the survey concern how students consume alcohol, where they drink, the direct and indirect consequences of their drinking on academic and social life, how they obtain alcohol (if they are minors), frequency of alcohol use, drinking behavior, and reasons for drinking or abstaining. This section also includes information on how much students consume, binge drinking behavior, and protective behavior strategies students employ such as using a designated driver.

Sense of community and belonging

Do students feel connected to the campus community? Have they considered leaving the University? Do they have a sense of belonging to the campus?

- » These questions gauge the feelings of students as they understand their place within the campus community and how such would affect other behaviors.

CONTINUED 

FOR MORE INFORMATION, VISIT [HTTP://PIP.MISSOURI.EDU](http://pip.missouri.edu)

Sexual Behavior

What role do drugs and alcohol play in students sexual behavior and experiences?

- » Identifies the role of alcohol and drugs in sexual behavior and elicits information about possible abusive relationships and unwanted sexual contact.

Driving Safety

Do students text or wear their seatbelt while they drive? Do they often speed or drive while they are drowsy?

- » The survey studies the behaviors of students while driving. Questions seek to understand the frequency of engagement in a variety of safety behaviors that include texting, speeding, driving distracted, and other driving behaviors.

Perceptions of prevention and policy on campus

Are students aware of the prevention efforts colleges and university are implementing? Do students feel the campus is concerned about alcohol and drug prevention? Do they feel such policies are enforced effectively and consistently?

- » This portion helps to understand the awareness of the prevention efforts on campus.

Gambling

How many times a year do you gamble?

- » Survey questions attempt to understand the frequency of gambling and what types of gambling are occurring as well as addressing the causes and consequences of gambling. These questions address specific types of gambling, such as casino gambling, sports betting, and card games.

RESPONSE RATES AND DATA GENERALIZATIONS

Approximately 20% of the students complete the survey for each campus, representing a random sample of roughly 5% of the total student population. Twenty percent (20%) return rates are consistent with national averages of campus-based alcohol prevalence surveys. Research supports that a random selection of 5% of the population is sufficient to provide appropriate reflections of the campus population.

While a 5% return rate may appear low, it is consistent with most national opinion polls. By randomly selecting students, and conducting the survey with fidelity, the results obtained from 5% of the population are generalizable to the student body. In the 2013 implementation of the MCHBS, the overall response rate for the PIP21 schools was 20%. This indicates that the MCHBS was able to capture over 5% of the student population at our 21 colleges and universities in Missouri.

CONTACT US

To learn more about this survey, Partners in Prevention, or any of the other resources that may be available, please contact Evan Ramsey at 573-884-8253 or G202 MU Student Center, Columbia, Missouri, 65211.

Stress, Well-being and Mental Health

To what extent has stress interfered with students academic life?

- » This portion examines varying aspects of mental health. It includes the impact of stress on academic and personal lives of students, thoughts and attempts of suicide, student utilization of campus resources and services (for health and well-being), as well as identifying a large scope of behaviors and incidents that include but are not limited to sexual assault, eating disorders, depression, and alcohol abuse.

Perceptions of other Students' Health Behaviors

How often do you think the typical student on your campus uses marijuana?

- » Information is collected on student perceptions regarding the frequency and severity of other student's high-risk behaviors. It is common on college campuses for students to over perceive the frequency and severity of other students high-risk behavior including alcohol. Campuses can use this information to create social norms campaigns and measure the impact of these campaigns.

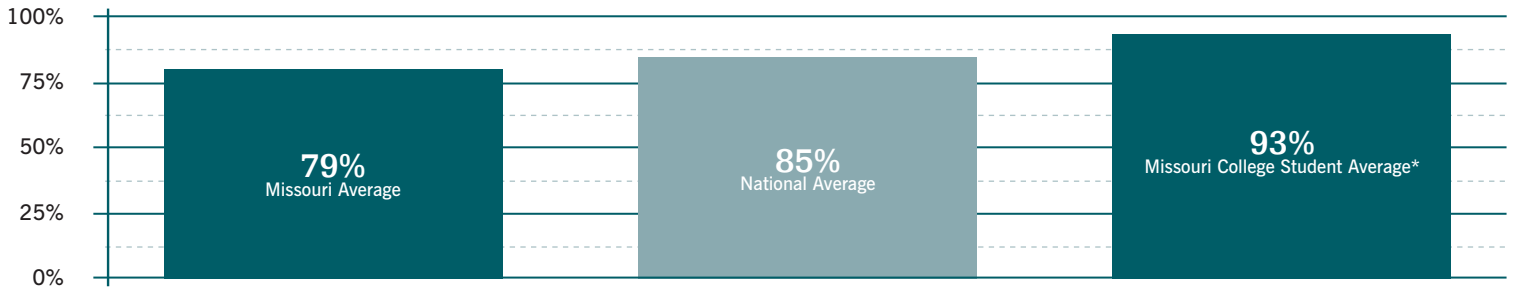
Demographics

The survey includes a large variety of demographic questions to help better understand the surveyed population. Demographic questions range from residence (on-campus, off-campus), student affiliations (Greek, Honors Societies, ROTC, etc.), ethnicity, disability status, sexual orientation, area of major study, and the county of Missouri high school graduation to provide a detailed and definitive understanding of students.

SAFETY BELT USAGE HIGH AMONG MISSOURI COLLEGE STUDENTS

Partners in Prevention is a statewide coalition dedicated to creating healthy and safe college campuses in Missouri. The coalition is comprised of 21 public and private colleges and universities across the state. Partners in Prevention focuses on reducing high-risk behaviors, and tracks such progress through the implementation of the Missouri College Health Behavior Survey (MCHBS). The MCHBS is implemented annually in the spring, and allows for examination of traffic safety behaviors of students, including safety belt usage.

Safety Belt Usage Rates for 2011



*Includes students who reported wearing a seatbelt "always" or "most of the time".

DISCUSSION

Traffic crashes are the number one cause of death for college aged individuals, and wearing a safety belt is one of the best ways to decrease the likelihood of dying in a crash. According to the Missouri Department of Transportation, in 2011, only 32.6% of drivers killed in traffic crashes on Missouri roadways were wearing safety belts. Conversely, of drivers involved in a crash where they were not killed or injured, 97.5% were wearing their safety belt at the time.

Each year a significant amount of data about safety belt usage is gathered by a number of different sources. According to an observational survey conducted by the Missouri Department of Transportation in 2011, 79% of Missouri drivers and passengers used their safety belts, compared to a national average of 85%. When looking at the MCHBS for 2011, 81% of Missouri college students reported "Always" wearing their safety belts, and an additional 12% reported wearing one "Most of the Time." In 2013, the MCHBS showed a slight decrease (77% for "Always", 11% "Most of the Time), but added in an "I do not drive" category which accounts for 5%.

While these two surveys were conducted in a very different fashion, and thus can't be used for comparison purposes, it is still worth noting the high usage of safety belts among

Missouri college students across the state, and that the number of students wearing their safety belts at least most of the time is higher than the national average.

SUMMARY

Safety belt usage is an important way to ensure the safety of Missouri college students while they're driving. The majority of college students in the state are wearing their safety belt most of the time, but because traffic crashes are still the highest cause of death among college aged students and because safety belt usage is one of the best ways to prevent death in the case of a crash, it is important to continue to make sure students are educated on the subject.

There are a variety of resources available to colleges to continue to educate students on this important topic. Campus prevention professionals and law enforcement can have a large impact in continuing to ensure the safety of their students as it pertains to safety belt usage. **For more information and resources, visit <http://drivesafesmart.missouri.edu> or <http://savemolives.com>.**

Contact Partners in Prevention at (573) 884-7551

Report prepared by Jessica Schlosser, Partners in Prevention Staff

Funded by the Missouri Department of Mental Health's Division of Alcohol and Drug Abuse

**ECONOMICS OF PREVENTION:
THE FINANCIAL IMPACT OF ALCOHOL USE ON COLLEGES AND UNIVERSITIES**

Partners in Prevention (PIP) is Missouri's higher education substance abuse consortium dedicated to creating healthy and safe college campuses. The coalition is comprised of 21 public and private colleges and universities in Missouri. Campus conduct officials, law enforcement, and campus prevention professionals take part in local coalitions and the statewide PIP coalition. The unique composition brings together different perspectives on prevention efforts.

INTRODUCTION TO ALCOHOL AND DRUG USE

Alcohol and substance use are behaviors common among college students. Over half (73.5%) of 18 to 20 year olds Missouri college students reported having consumed alcohol in the past month (4). This number is even higher among those aged 21 or older (1). While it is well documented that the most at risk group - especially among student populations - is those that binge drink (consuming 5 or more drinks in a 2 hour period), the majority of drinkers on college campuses consume alcohol in moderation and do not binge drink (6). Unfortunately the majority of accidents and harms occur among this group of drinkers, as they are considerably more numerous than binge drinkers. Collectively it is both binge and non-binge drinkers who attribute to the cost and consequences of alcohol use at colleges and universities.

CAMPUS DEMOGRAPHICS OF DRINKERS AND DRUG USERS

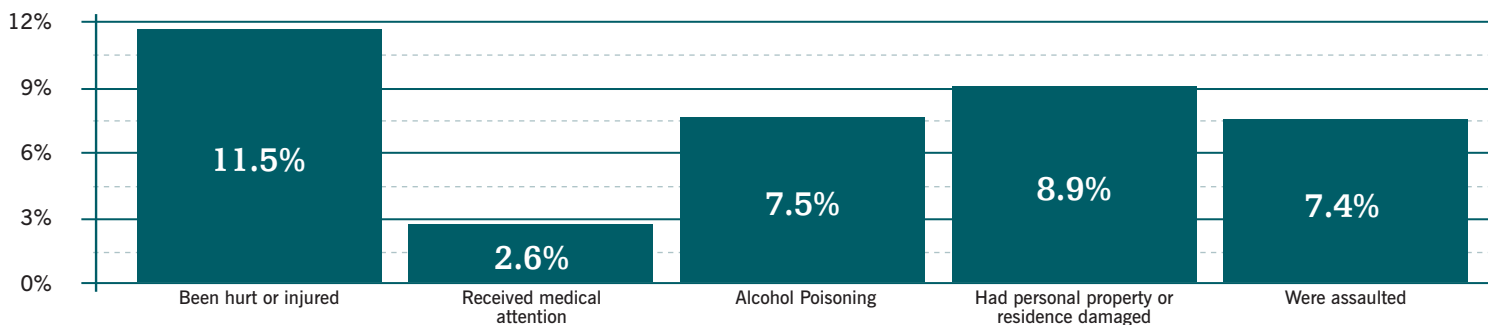
Of the 21 member campuses in the PIP coalition, more than 3 in 4 of their college students reported themselves as drinkers, which is indicative of nationwide numbers

for colleges and universities (4). While only 47% of these respondents were of legal drinking age, it is apparent that alcohol use is a common behavior among institutions of higher education, regardless of student age or other demographic characteristics (4).

HOW DRINKING COSTS MONEY

Each year, alcohol is a contributing factor in over 500,000 injuries, 600,000 assaults, and over 1,500 deaths of college students (5). These implications are only a fraction of the consequences of alcohol and substance use on campuses. More common problems and consequences of such behavior are property damage, vandalism, health problems, and sexual violence all of which incur an expense to colleges and universities (4). Even when accounting for these cost and consequences, the complete impact of substance use is not fully captured by data alone. While it is apparent that drug and alcohol abuse results in tremendous financial burdens on universities and communities, the best approach to reduce these costs is reducing the frequency and severity of these behaviors through prevention based programming.

Self-Reported Consequences of Drinking Among Missouri College Students (MCHBS 2013)



CONTINUED ➡

FOR MORE INFORMATION, VISIT [HTTP://PIP.MISSOURI.EDU](http://PIP.MISSOURI.EDU)

HOW MUCH PREVENTION COSTS AND WHY IT SAVES MONEY

Understanding the cost of substance use to the state serves to help assess the impact of consumption. While the initial cost of implementing a wide-scale prevention program on a college or university campus may serve as a deterrent, the costs of such programming are relatively minor when compared to the expense of alcohol and substance use incurred by a college or university. For every \$1 spent on prevention programming, returned benefits and savings average over 100% of invested cost (2). For more effective programming, returned benefits and savings can account for over 1000% of investment (2) (3). This does not even begin to account for incalculable effects of prevention programming on an individual's health and wellbeing.

RETENTION AMONG STUDENTS

More directly, one of the more serious and long term consequences as it becomes associated with direct cost to a college or university is retention. Increased alcohol use on campuses has been shown to have a direct effect on student retention (8). Retention not only helps maintain revenue that would otherwise be lost, but reduces the loss of the most productive and successful students, as well as helping to sustain a larger alumni base (8). While alcohol use obviously has strong long term implications for colleges and universities, even short term costs associated with student retention can be staggering. Considering the average undergraduate student population among the University of Missouri System (13,187) and the average cost of tuition and fees alone (\$7,415), a loss of only 0.05% of an undergraduate class could directly contribute to a loss of revenue in excess of \$400,000. Taking into account the rate of Missouri college students that reported alcohol abuse/dependency (3.2%) and that other revenue sources (books, room and board, out of state tuition, etc.) were excluded, this is an extremely conservative estimate that serves to highlight why alcohol abuse

incurs an extreme expense to a college or university and why prevention programming is both important and financially prudent. A further examination of alcohol and retention will be examined in the coming months in another Volume 2 brief.

BENEFITS OF PREVENTION

Employing alcohol and drug prevention programs on campus, apart from reducing the risks and consequences of these behaviors, provides a cost-effective incentive for colleges and universities. Effective prevention programs can, on average, return over \$2.00 for every dollar spent by reducing accidents, injuries, crime, and health costs on campus (2). Apart from contributing to safer campuses by reducing risky behavior and helping to contribute to an atmosphere more conducive to learning, prevention programs can help to reduce costs incurred by colleges and universities as a result of these behaviors. This does not begin to account for any reasonable gains in student success and wellbeing. While the economic incentive of prevention programs is thus apparent, they are merely a secondary benefit to a college or university that can provide a healthier and safer academic experience to its students.

*Report prepared by Evan Ramsey, Partners in Prevention Staff
Funded by the Missouri Department of Mental Health, Division of Behavioral Health*

Citations

1. *Cost-Benefit of Prevention. Review of Research Literature. Southwest Prevention center. University of Oklahoma Outreach. October 2004.*
2. *College Students and Alcohol Use. Center for Science in the Public Interest. August 2007.*
3. *Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis. U.S. Dept. of Health and Human Services. Substance Abuse and Mental Health Services Administration*
4. *Missouri College Health Behavior Survey. 2013. Partners in Prevention.*
5. *National Institute on Alcohol Abuse and Alcoholism (NIH). College Drinking. Retrieved from <http://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/college-drinking>.*
6. *SAMHSA National Survey on Drug Use and Health. 2005.*
7. *Is Heavy Drinking Really Associated with Attrition from College? The Alcohol-Attrition Paradox. Martinez, Julia. University of Missouri-Columbia. 2008.*
8. *Linking Health to Academic Success and Retention. Grizzell, Jim and McNeil, Michael. February, 2007.*

PRESCRIPTION DRUG MISUSE AMONG MISSOURI COLLEGE STUDENTS

Partners in Prevention (PIP) has been Missouri's higher education substance abuse consortium since 2000. The coalition, made up of 21 universities in Missouri, works to promote healthy behaviors on college campuses. In order to gain an understanding of the current health behaviors of college students, PIP implements the Missouri College Health Behavior Survey (MCHBS) each year. The information gained from the MCHBS allows PIP to learn more about the high-risk behaviors that students are engaging in, such as prescription drug misuse.

Prescription drug misuse includes taking any legal prescription medication for a purpose other than the reason it was prescribed or in a manner not compliant with the prescribed directions. This includes when a person takes a prescription not prescribed to him or her. This behavior is not as widespread as other substance use among Missouri college students; however it is a

high-risk behavior that requires attention. According to the 2013 MCHBS, 15% of college students reported having misused a prescription drug in the past year. The most common prescription drugs that were reported to have been misused or abused by Missouri college students included stimulants, pain medications, sedatives/anxiety medications, and sleep medications.

Reported substances used in the past 30 days among those who reported misuse overall		
Stimulants	20.9%	Adderall, Ritalin
Pain Medications	23.4%	Vicodin, Codeine
Sedatives/Anxiety Medications	8.6%	Valium, Xanax
Sleep Medications	6.8%	Ambien, Restoril

Prescription drug misuse is not indicative of the behaviors of the majority of Missouri college students. Furthermore, an overwhelming majority reports they believe both their friends (76.7%) and family (89.2%) would disapprove or strongly disapprove of using prescription drug medication without a doctor's prescription.

DISCUSSION

The most common prescription drugs misused by students are stimulants and pain medications. The National Institute on Drug Abuse reports that stimulants are often prescribed to individuals with attention-deficit hyperactivity disorder (ADHD) to help alleviate symptoms. For individuals diagnosed with ADHD, prescribed stimulants typically have calming and focusing effects on the body; however, individuals who misuse prescription stimulants commonly experience higher body temperatures, feelings of hostility, and irregular heartbeats, with the potential for more severe effects. Pain medication can be prescribed in a number of situations to appropriately manage pain, but when misused, pain medications can cause difficulty breathing, lack of energy, nausea, and can lead to a physical dependence. Family and friend disapproval

of prescription drug misuse could serve as a positive influence on students faced with risky health decisions.

SUMMARY

The majority of students are making safe decisions when it comes to prescription drugs. However, due to the high-risk nature of such behavior, the small percentage of students misusing prescription drugs should not be overlooked. PIP has begun to address prescription drug misuse with funding from the Missouri Department of Mental Health's Partnership for Success grant. Coalition schools are offered funding and implementation assistance to provide social norming media campaigns and peer education programs on their campus. Additionally, funds are available for campuses to host prescription drug take back events. These strategies were developed to decrease student access to prescription drugs while increasing knowledge of the issues associated with misuse of prescription drugs. The MCHBS will continue to provide insight into prescription drug behaviors, reasons for use, and acceptability of use in future years.

*Report prepared by Chelsie Covey, Partners in Prevention Staff
Funded by the Missouri Department of Mental Health, Division of Behavioral Health
National Institute on Drug Abuse. (2013). The science of drug abuse and addiction.
Retrieved from <http://www.drugabuse.gov/>*

BEST PRACTICES IN CAMPUS SUICIDE PREVENTION: HIGHLIGHTING ASK.LISTEN.REFER. SUICIDE PREVENTION TRAINING FOR MISSOURI CAMPUSES

Partners in Prevention (PIP) is a statewide coalition dedicated to creating healthy and safe college campuses in Missouri. PIP is especially concerned with decreasing student suicide across college campuses. In January 2009, PIP launched an online suicide prevention training program called Ask Listen Refer (ALR) with funding from the Missouri Foundation for Health. ALR is specifically designed for college campuses and focuses on prevention of suicide and bystander intervention. Below are the best practices for utilizing the training.

DISCUSSION

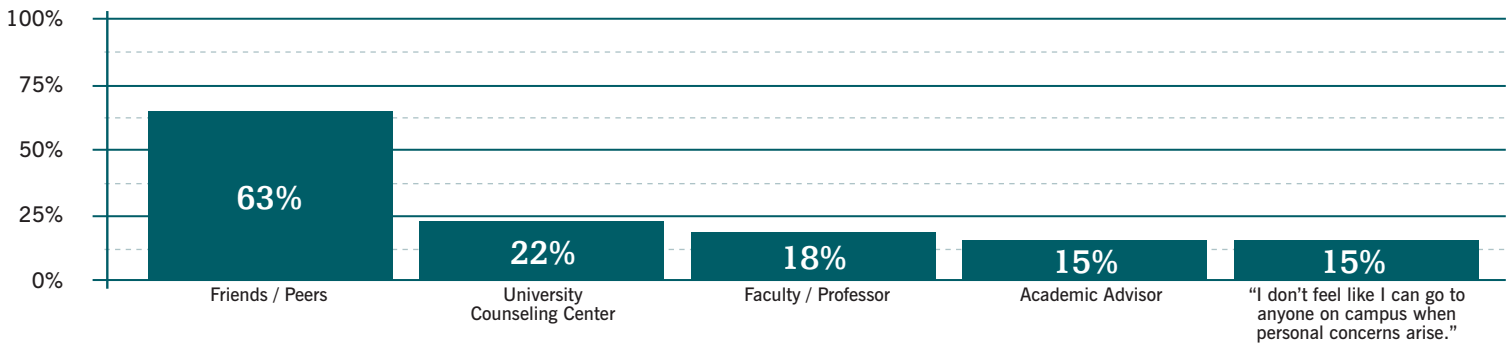
According to the National Center for Injury Prevention and Control, suicide is the second leading cause of death among college-age youth. Campuses have growing concerns about the mental health of students and the possibility of suicide on campus. Efforts to train non-clinical personnel at college campuses on suicide risk detection, intervention, and referral have been historically limited to in-person classes and presentations which only reach those who attend and, because of lack of follow-up, have limited long-term impact on attendees. In addition, in-person training programs are dependent on staff time and resources

and can only provide training to a limited number of participants.

In 2009, the Pew Internet & American Life Project reported that almost 20% of youth 12-17 searched for information online about health topics that are difficult to discuss, like drug use, sexual health, or depression. The 2013 Missouri College Student Health Behavior Survey also revealed that when a personal concern arose, 63% of students turned to their friends/peers for help first.

Therefore, it is extremely critical to identify a programming method, such as an online training, that educates a large number of college students using a method that they are comfortable with, such as the internet.

To whom could you go to when a personal concern arises?



ASK LISTEN REFER: A PROMISING PRACTICE FOR SUICIDE PREVENTION

The ALR Training program is an online training, designed for students, faculty, staff and parents at colleges in Missouri. The program currently serves over 30 campuses in Missouri and several campuses outside of the state of Missouri. Sites are customized to each campus and include individual logins for participants. During the 20 minute training program, participants learn about signs

and symptoms of suicidal behavior, common myths about suicide, how to ask if someone is considering suicide, and how to refer someone that needs help. Participants are given a pre- and post-test and have the opportunity to take follow-up surveys at 3, 6 and 12 months to assess the overall use of the program.

Data from ALR participants suggest that ALR is a promising practice to teach students, faculty, and staff about how to help a friend or student who may be considering suicide.

CONTINUED ➔

FOR MORE INFORMATION, VISIT [HTTP://PIP.MISSOURI.EDU](http://PIP.MISSOURI.EDU)

The ALR Training is considered a promising suicide prevention program because:

- » **Availability:** the training is available online, free to all students, faculty and staff and can be re-visited for reference at a later date.
- » **Education:** trainees have the ability to review definitions, information and videos that will instruct them on helping friends and peers.
- » **Individualization** for each college campus so that resources within the training are local and familiar to students.

Overall, users of the ALR training find the program to be user-friendly and provide information that they have not received in another format. Many users report never attending a workshop about suicide prevention. In a survey of users from Missouri's colleges and universities in July 2012, 81% of consumers had **never** attended a workshop or suicide prevention training prior to going through ALR and 53% of individuals taking ALR had never been through any sort of suicide prevention training before.

SUMMARY

The majority of students feel that they have someone they can talk to when something is concerning them; however, there are a number of students who feel that they have no one. Since students turn to their friends/peers first, educating students should be a priority of each college campus. Campuses should continue to advertise ALR, as well as other mental health services. Some ways to do this include:

- » Partnering with professors who will offer class credit for completion of the training program.
- » Require student organization leaders to take the training.
- » Host a mental health day focusing on stress reduction and self-care utilizing the ALR promotional items and emphasizing the training.

Report prepared by Kimi Nolte, Partners in Prevention Suicide Prevention Staff

Funding for the creation of the Ask Listen Refer program for Missouri colleges and universities was provided by the Missouri Foundation for Health. Current funding is provided by the US Department of Health and Senior Services, Substance Abuse and Mental Health Services Administration, Garrett Lee Smith Memorial Act Suicide Prevention Grant program.

ALCOHOL CONSUMPTION AND PERCEPTION BY CARNEGIE CLASSIFICATION

The Carnegie Classification system is used in research and analysis of institutions of higher education. Partners in Prevention (PIP) has used the classification system to divide member campuses into recognizable groups for comparison, using the Base Classification from the Carnegie Foundation. The table below shows differences in the alcohol consumption and perceptions of students at various institutions.

	Past year alcohol use	Past month alcohol use	Past two-weeks alcohol use	Binge drank 5+ drinks in a two-hour period
Baccalaureate Colleges <i>n=1048</i>	60%	45%	37%	16%
Master's Colleges & Universities <i>n=3996</i>	78%	63%	55%	27%
Doctoral Universities <i>n=4369</i>	81%	69%	61%	27%

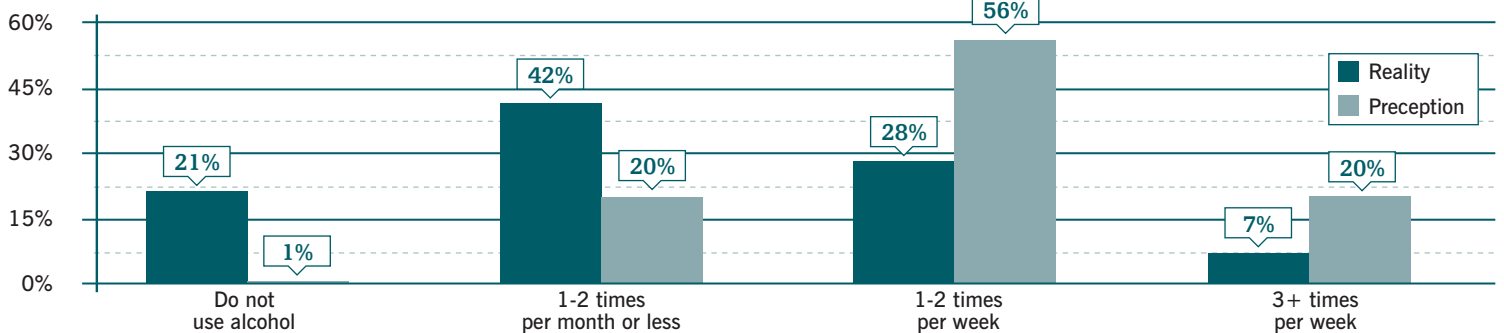
Data taken from the 2013 Missouri College Health Behavior Survey

DISCUSSION

As indicated in the table above, fewer students at Baccalaureate Colleges report drinking alcohol in the past year (60%) compared to those at institutions classified as Masters or Doctoral (78% and 81%, respectively). Baccalaureate Colleges also have lower rates of students reporting drinking in the past month and past-two weeks. As there are fewer students who drink, there are also fewer students who drink at a risky level. Only 16% of students at Baccalaureate Colleges reported consuming five or more drinks in a two hour period (NIAAA's definition of binge drinking), as compared to 27% of students at both Masters and Doctoral institutions.

Despite these differences in consumption across institutions, each institution has high levels of misperceptions, as evidenced by the graphs below. Misperceptions occur when the actual reported levels of consumption vary from the perceived levels of consumption. The graphs illustrate that each classification experiences high misperceptions. Interestingly, the perceived frequency of drinking that the "typical student" engages in is about the same in each category, while the actual amount of student drinking within each category varies dependent on the classification. It appears that students perceive the "typical student" on their campus to drink with the same relative frequency of students at other campuses. This may suggest that when students misperceive the student drinking, it is not misperceived on a campus-specific level.

Doctoral Universities



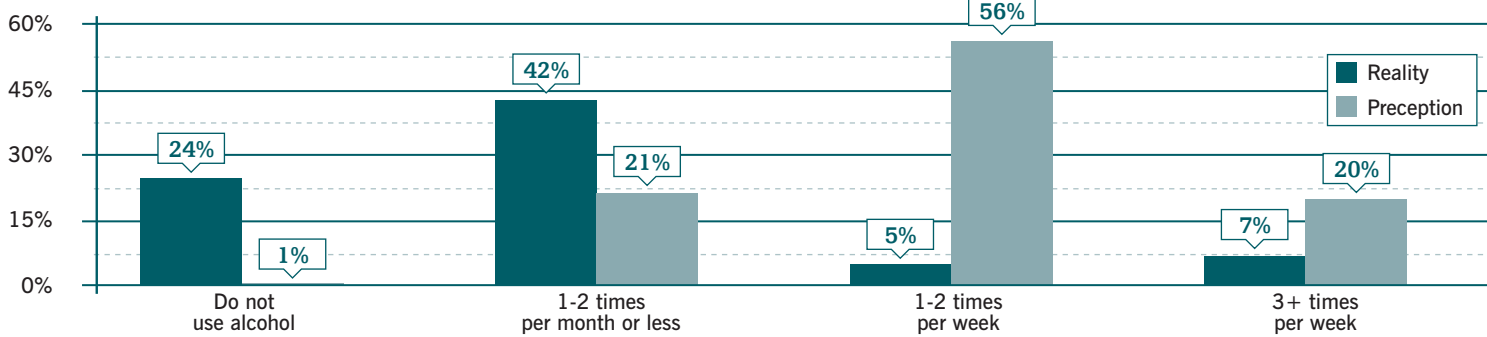
CONTINUED ➔

FOR MORE INFORMATION, VISIT [HTTP://PIP.MISSOURI.EDU](http://PIP.MISSOURI.EDU)

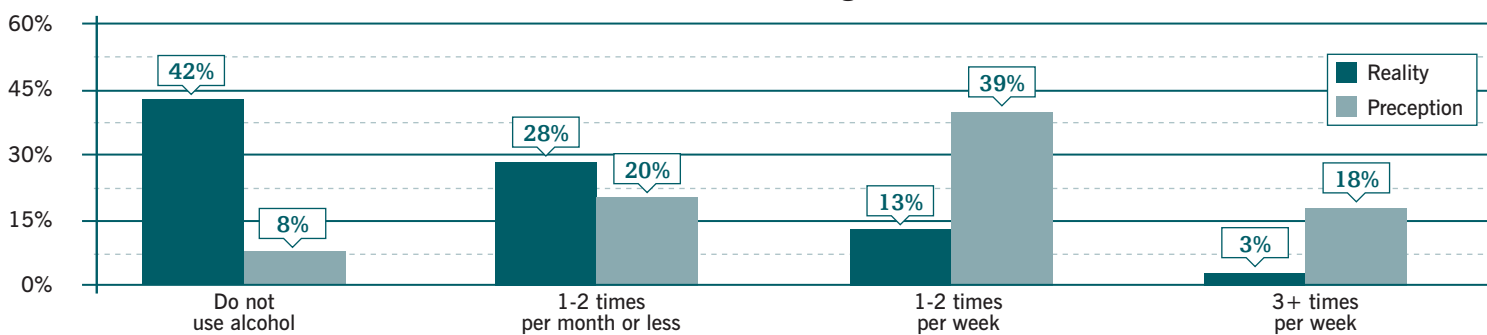
Compared to Masters and Doctoral institutions, students at Baccalaureate Colleges abstain from alcohol at higher levels. According to data from the 2013 Missouri College Health Behavior Survey, not only do higher amounts of students abstain at Baccalaureate Colleges (42% compared to 21% at Doctoral Universities), a very small percentage of students at Baccalaureate

Colleges use alcohol 3 or more times per week (3% compared to 7% at Masters and Doctoral Universities). While a higher percentage of students at Baccalaureate Colleges perceive healthier drinking behavior among their fellow students, their perception of drinking behavior is still strikingly different than the actual behavior that is occurring.

Masters Institutions



Baccalaureate Colleges



SUMMARY

In order to illustrate the trends in drinking behavior among college students at educational institutions throughout the State of Missouri, it is important to note both the differences and similarities among students at these schools. Frequent drinking behavior is more common at Doctoral Universities and Masters Institutions than at Baccalaureate Colleges.

While campuses in the Baccalaureate College category appear to have different base frequencies of drinking than the Master’s and Doctoral classifications, evidence of misperceptions regarding alcohol exist on all campuses. Misperceptions can be reduced with the implementation of an evidenced-based social norm campaign.

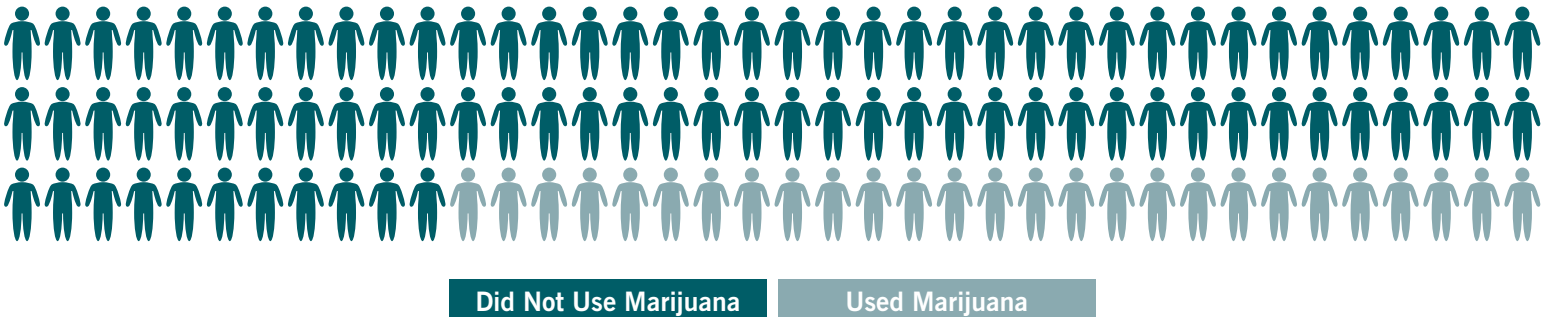
Social norms theory asserts that college students often drink to higher levels when they perceive that the amount of other students’ drinking is high. Social norms campaigns and other clarification exercises are evidence-based practices designed to decrease actual drinking behavior among students. Once the misperception is clarified, students may drink at safer levels. Despite differences in drinking behavior among institutions, all campuses across the State of Missouri can benefit from a comprehensive approach to address problem drinking behavior on campus, which includes the reduction of misperceptions of actual drinking behavior.

Contact Partners in Prevention at (573) 884-7551
 Report Prepared by Partners in Prevention Research & Evaluation Staff
 Funded by the Missouri Department of Mental Health, Division of Behavioral Health

For more information about how PIP uses the Carnegie Classification System, refer to the Fact Sheet found at <http://pip.missouri.edu/research.html>

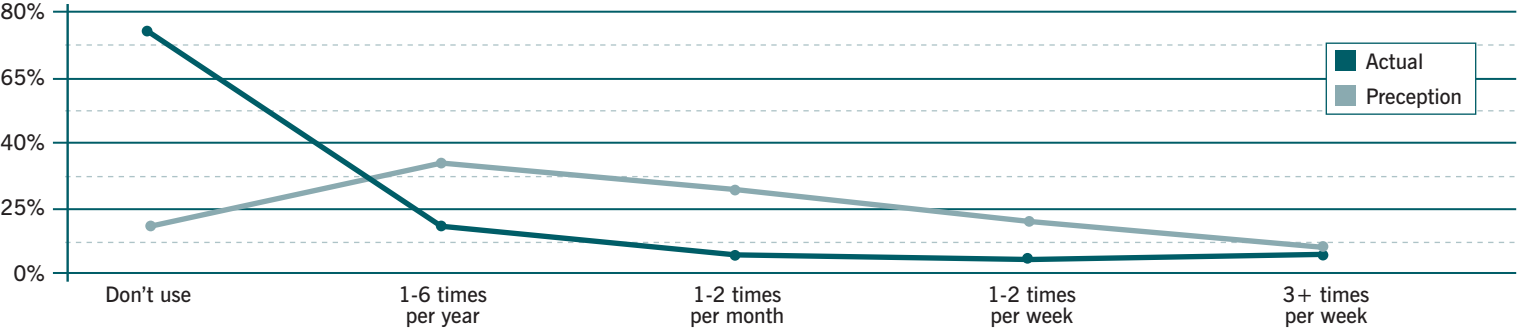
MARIJUANA USE AMONG MISSOURI COLLEGE STUDENTS

Marijuana, with the exception of alcohol, remains the most commonly abused substance on Missouri college campuses. While many colleges and universities have been successful in their efforts to combat high risk drinking and seen the positive effects of alcohol related programming on their campuses, marijuana use rates have remained consistent for the past several years. Unfortunately there remains a large gap between the perceptions of marijuana use and the reality among college students that underscores the need for more marijuana specific prevention efforts.



Roughly 3 in 4 Missouri college students reported not using marijuana at all in the past year. Most marijuana users reported infrequent or occasional use (1-6 times a year) while less than 10% of students reported using more frequently than on a monthly basis. For the past 5 years (2007-2013) Missouri students self-reported marijuana use rates have not fluctuated more than 3% in either direction.

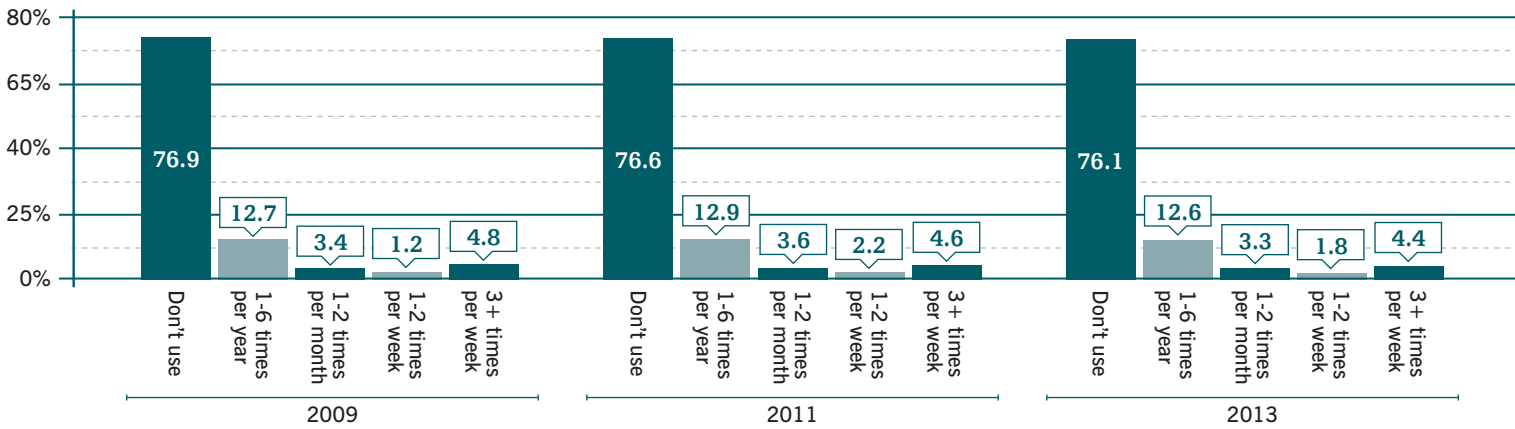
Frequency of Marijuana Use



One problem that persists is the misconception of how commonly marijuana use among college students occurs. While more than 3 in 4 college students do not use marijuana the vast majority of students (88%) believe the typical student uses marijuana. Almost half of these students (48%) thought the typical student uses marijuana at least every month, if not more frequently. In actuality the number of students using marijuana at that frequency is less than 10%.

CONTINUED ➔

Frequency of Marijuana Use



When compared to other rates of drug use among college students and taken into consideration with the trends of usage, marijuana use has remained consistent among Missouri students. Over the past 5 years the greatest increases in substance abuse was for methamphetamine, inhalants, and prescription drugs. Marijuana use has increased by less than 1% since 2009.

While the concern on campuses surrounding marijuana use has grown considerably, marijuana use prevention efforts by colleges and universities have been scarce compared to alcohol prevention efforts. Marijuana

use has remained consistent and when compared with other substances. The most alarming concern is that marijuana has not been addressed in a serious or large manner. Given the success of alcohol related programming in lowering high risk drinking on Missouri campuses, marijuana rates can likely be reduced were they to be addressed in the same manner.

*Contact Partners in Prevention at (573) 884-7551
Report Prepared by Partners in Prevention Research & Evaluation Staff
Funded by the Missouri Department of Mental Health, Division of Behavioral Health*

ALCOHOL CONSEQUENCES BY CARNEGIE CLASSIFICATION

Partners in Prevention member campuses vary in their size, mission and student population. As such, this brief uses the established Carnegie Classification system for comparison of similar institutions. The Basic Classification created by the Carnegie Foundation is often used in research and analysis of institutions of higher education. The table below shows differences in the consequences of alcohol consumption of students at various institutions.

	Baccalaureate Colleges <i>n=1048</i>	Master's Colleges & Universities <i>n=3996</i>	Doctoral Universities <i>n=4369</i>
Primary Consequences (experienced as a result of own alcohol use)			
Experienced a hangover	33%	51%	55%
Experienced a blackout or memory loss	27%	36%	37%
Rode with someone who drove after drinking alcohol	19%	32%	32%
Drove after drinking alcohol	15%	26%	27%
Engaged in risky sexual behavior after drinking alcohol	11%	18%	16%
Was hurt or injured as a result of alcohol use	7%	12%	12%
Experienced alcohol poisoning	6%	8%	8%
Secondary Consequences (experienced as a result of others' alcohol use)			
Took care of someone else	45%	60%	61%
Had sleep interrupted	33%	44%	43%
Had studying interrupted	15%	26%	25%

Data taken from the 2013 Missouri College Health Behavior Survey

DISCUSSION

As the table above illustrates, according to the 2013 Missouri College Health Behavior Survey, fewer students at Baccalaureate Colleges report experiencing consequences of their own or others alcohol use, when compared to students attending institutions classified as Masters or Doctoral level. Over half of students at Masters and Doctoral universities reported experiencing a hangover, as compared to one third of students at Baccalaureate institutions. Over one-third of students at Masters and Doctoral institutions and one-fourth of students at Baccalaureate institutions reported experiencing a blackout or memory loss, a dangerous sign of students consuming too much alcohol in one sitting. Additionally, over one-fourth of students at Masters and Doctoral institutions reported driving after consuming alcohol, and while only 15% of students at Baccalaureate Colleges reported driving after drinking,

these instances put Missouri college students and their communities at risk for serious injury.

SUMMARY

While the prevalence of primary and secondary negative consequences vary by school type a similar pattern emerges. Hangovers and blackouts are the most commonly reported occurrences and injury and alcohol poisonings are reported less often. However, the percentage of students experiencing these consequences are lower at Baccalaureate Colleges, possibly due to the fewer percentage of students consuming alcohol as discussed in Volume 2, Number 7, published previously.

Contact Partners in Prevention at (573) 884-7551
 Report Prepared by Partners in Prevention Research & Evaluation Staff
 Funded by the Missouri Department of Mental Health, Division of Behavioral Health

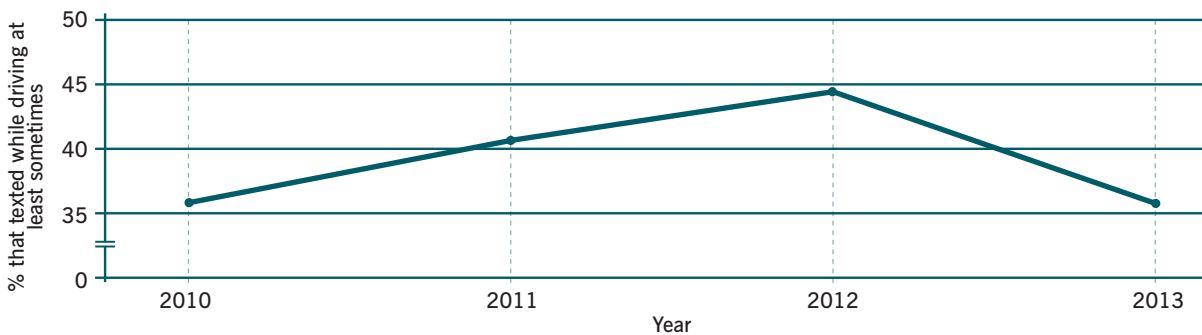
For more information about how PIP uses the Carnegie Classification System, refer to the Fact Sheet found at <http://pip.missouri.edu/research.html>

AN UPDATE ON TEXTING AND DRIVING AMONG MISSOURI COLLEGE STUDENTS

Partners in Prevention, a coalition of 21 colleges and universities across the state, is dedicated to reducing high-risk behaviors among Missouri college students. One of the risky behaviors students engage in is phone use while driving.

Texting while driving encompasses the three main types of distraction – visual, manual and cognitive. It also reduces the driver's focus from the road more frequently and for longer periods of time than other distractions, which makes it more dangerous than many other forms of driver inattention (National Highway Traffic Safety Administration).

Results from the 2013 Missouri College Health Behavior Survey (MCHBS) indicate a **decline** in texting and driving compared to the previous three years, though it is too early to determine if this is a trend that will continue.



The reported percentages are of students reporting texting while driving "Sometimes", "Most of the time", and "Always".

DISCUSSION

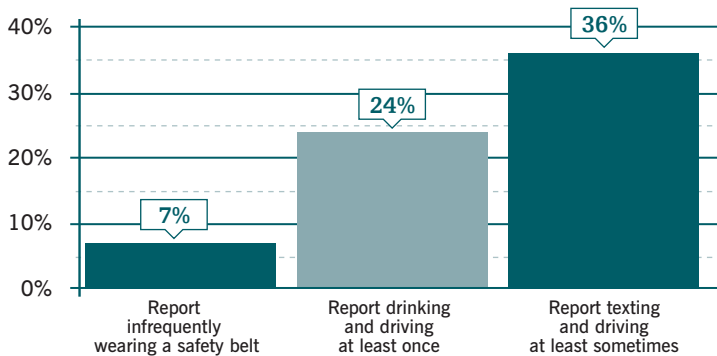
For the first time in 4 years, texting while driving rates among Missouri college students declined in 2013. The MCHBS shows an 8% drop in self-reported texting while driving rates in 2013, with 36% of students engaging in the behavior at least sometimes. While this is a very positive decline, it cannot yet be determined if this is a trend that will continue. NHTSA reports that at least 1 out of every 10 traffic fatalities is a result of distracted driving, therefore it is important that campuses continue to educate students on multiple facets of traffic safety, including distracted driving.

As the graph opposite shows, when compared to other dangerous driving behaviors, students are texting and driving at much higher rates than they are driving without seatbelts or drinking and driving. According to the 2013 MCHBS, 7% report infrequently wearing their safety belts, 24% report drinking and driving at least once, but 36% report texting and driving at least sometimes.

SUMMARY

The data shows campus efforts are potentially starting to make a difference, but at this point it is too early to determine if this is a declining trend as this is the first decline in texting in recent years. The behavior is still disproportionately high compared to other dangerous behaviors such as impaired driving and driving without a safety belt. It is important for campuses to continue efforts to educate their students about the dangers of text messaging and driving.

Dangerous Driving Behaviors of Missouri College Students



Data taken from the 2013 Missouri College Health Behavior Survey

Contact Partners in Prevention at (573) 884-7551
Report prepared by Jessica Schlosser, Partners in Prevention Staff
Funded by the Missouri Department of Mental Health's Division of Behavioral Health

ALCOHOL RELATED BEHAVIORS AMONG MISSOURI COLLEGE STUDENT ATHLETES

Partners in Prevention (PIP) is Missouri's higher education substance abuse consortium focused on promoting healthy behaviors on college campuses. In order to gain an understanding of the current health behaviors of college students, PIP implements the Missouri College Health Behavior Survey (MCHBS) each spring. The information gained from the MCHBS not only allows PIP to learn more about the risky behaviors of Missouri college students as a whole, but also provides the opportunity to focus on the behaviors of particular sub-populations such as student athletes. The tables below present information on the risky drinking behaviors as well as the protective behavior strategies (PBS) practiced by athletes in comparison to all students.

Risky Drinking Behavior	Missouri College Students	Missouri College Intercollegiate/ Varsity Athletes
Binge drank in the past 2 weeks (5+ drinks in 2 hours)	25.2%	45.1%
21 birthday shots in past academic year	8.3%	10%
Beer bong and/or keg stand in past academic year	26.8%	46.1%
Drinking games past year	60.7%	79.9%
Drink specials past year	40.6%	46.8%

DISCUSSION

The MCHBS asks a variety of questions that reveal how many college students are engaging in high risk drinking behaviors. Students were asked to indicate whether or not they had participated in the listed behavior within the past year. Results show that athletes reported higher rates on each of the above risky behaviors when compared with the general student body.

The MCHBS also asks questions to gauge the level at which protective behavior strategies (PBS) are being practiced. These strategies can be positive tools for students to use as they help students to drink in a healthier and safer way. The table to the right shows that athletes are just as likely, if not more likely to utilize a PBS "usually" or "always" when compared to all students. Furthermore, 39% of student athletes reported being ready to try, or currently trying, to drink in a healthier and safer way. This is compared to 31% among the general student body reporting a readiness to change.

SUMMARY

The athletes on Missouri campuses face unique circumstances when compared to their non-athlete

Protective Behavior Strategy	Missouri College Students	Missouri College Intercollegiate/ Varsity Athletes
Used a designated driver in the past year	64.3%	74.1%
Limited the amount of money spent on alcohol in the past year	61.4%	64.9%
Eaten before and/or during alcohol consumption	76.6%	80.9%
Had at least one person in the group who remained sober	59.9%	66.4%
Avoided mixing different types of alcohol	41.7%	40.0%
Made sure they went home with a friend	65.3%	67.4%
Knew where their drink had been at all times	80.9%	80.4%

Data taken from the 2013 Missouri College Health Behavior Survey

counterparts. As such, some of the behaviors inquired about through the MCHBS reveal that athlete behavior differs when compared to the behavior of all students. Athletes are practicing many of the highest risk drinking behaviors; however, they are doing so in tandem with multiple PBS. While there is no safe level at which to do these risky alcohol related behaviors, it is possible that the negative consequences could still be reduced as a result of the PBS. Furthermore, the utilization of PBS show a readiness to commit to healthy drinking habits by college athletes in Missouri. As athletes are already practicing certain PBS, they may be open to incorporating additional strategies into their lifestyles.

Contact Partners in Prevention at (573) 884-7551

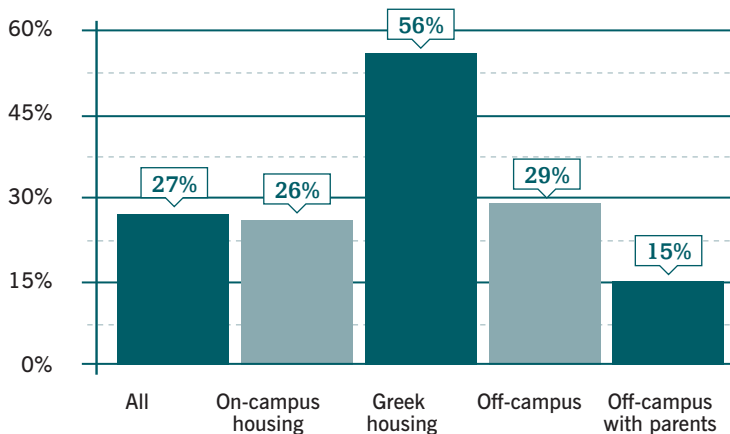
Report Prepared by Partners in Prevention Research & Evaluation Staff

Funded by the Missouri Department of Mental Health, Division of Behavioral Health

AN ANALYSIS OF STUDENT DRINKING BEHAVIOR IN COMPARISON TO STUDENT LIVING ARRANGEMENTS

Partners in Prevention is a statewide coalition dedicated to creating healthy and safe college campuses in Missouri. The coalition is comprised of 21 public and private colleges and universities across the state. Partners in Prevention focuses on reducing high-risk behaviors and tracks progress through the implementation of the Missouri College Health Behavior Survey (MCHBS). Analysis of the 2013 MCHBS survey indicated noticeable differences in high-risk drinking based on the location of the students' living arrangements.

High-Risk Drinking by Living Location



DISCUSSION

The chart above indicates noticeable differences in high-risk drinking based on where students live. For this analysis, high-risk drinking is defined as students who reported consuming five or more standard drinks in a two-hour period within the past two weeks.

Twenty-seven (27%) of all Missouri students reported high-risk drinking in 2013. Students living in Greek housing reported the highest levels of risky drinking (56%), followed by students living without parents' off-campus (29%), students living on-campus (26%) and students living off-campus with parents (15%).

The chart above right provides additional information, depicting students' choice of drinking location compared to where they live. Two themes emerge from this analysis. First, where students live is strongly associated with their choice of drinking location.

All Students (Drinkers and Non-Drinkers)

	Where I live					
	On-Campus	Fraternity/Sorority	Off-Campus without parents	Off-Campus with parents	All	
	<i>N</i> =	3355	379	4498	1158	9390
Where I drink	Bars	27%	50%	57%	48%	54%
	Social Gatherings	73%	69%	64%	70%	67%
	Fraternity/Sorority	19%	55%	6%	3%	12%
	Residence Hall	16%	4%	1%	1%	6%
	Sporting Events	5%	14%	8%	6%	7%
	Where I Live	28%	30%	68%	19%	52%

Second, all groups report "Social gatherings or friend's houses" as a common drinking location.

SUMMARY

While it is imperative for colleges and universities to review their campus specific data, statewide results indicate noticeable differences in student drinking locations, high-risk drinking behaviors and student living environments. This information along with campus specific reviews of student drinking behaviors can provide guidance in refinement of programs, policies, and enforcement strategies to reduce risk and harm associated with alcohol use on our campuses.

Contact Partners in Prevention at (573) 884-7551
 Report Prepared by Partners in Prevention Research & Evaluation Staff
 Funded by the Missouri Department of Mental Health, Division of Behavioral Health

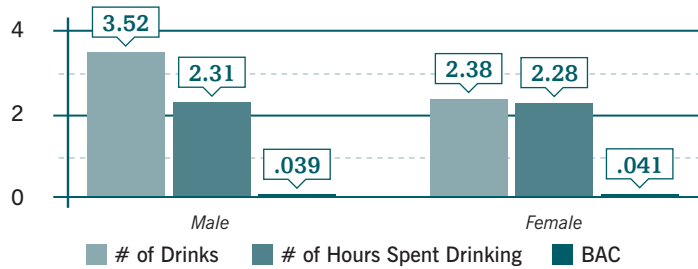
GENDER DIFFERENCES IN DRINKING ON MISSOURI CAMPUSES

Partners in Prevention (PIP) is a statewide coalition dedicated to creating healthy and safe college campuses in Missouri. PIP focuses on reducing high-risk behaviors, and tracks such progress through the implementation of the Missouri College Health Behavior Survey (MCHBS). The MCHBS is implemented annually and collects student demographic information, and reported health behaviors, including alcohol use. Analyses by subpopulations allow us to examine differences between groups and make recommendations based on the results. PIP recognizes that there are more than two genders; however, for the purposes of this brief, we compared only those identifying as male to those identifying as female. Students identifying as transgender were not included in the dataset for this brief.

DISCUSSION

When comparing MCHBS data on gender and alcohol use, distinct patterns emerge. In general, male students drink more per occasion, but female students achieve higher blood alcohol concentrations (BAC). Blood alcohol concentrations are calculated using gender, weight, amount of alcohol consumed and time spent drinking.

Comparing Alcohol Use Among Different Genders



As shown in the graph above, men and women typically drink for the same amount of time (2.31 vs. 2.28 hours); however, men consume more drinks during that time period (3.52 vs. 2.38 for women), yet females achieve higher a BAC. The difference in BAC is likely due to physiological differences in metabolism of alcohol and weight differences between males and females. Therefore, it is especially important to acknowledge physiological differences between males and females.

Protective behaviors are self-control strategies that are purposively done to reduce potential danger. Notably, women are already more likely to employ protective behaviors compared to men. Many of the protective behaviors used more often by females can be linked to sexual assault prevention behaviors recommended on college campuses¹.

Protective Behavior	Men	Women	Difference
Know where their drink has been at all times	48%	76%	28%
Make sure to go home with a friend	36%	63%	27%
Eaten before and/or during alcohol consumption	34%	49%	15%
Avoid trying to "keep up" with other drinkers	22%	36%	14%
Purposively limit the number of drinks consumed	13%	19%	6%
Alternate alcoholic and non-alcoholic drinks	9%	14%	5%
Avoid drinking games	9%	14%	5%
Using a designated driver	49%	53%	4%

SUMMARY

Females obtain a higher BAC despite drinking fewer drinks than males. Females are also more likely to use protective behaviors than males. Whether higher BAC potential and use of protective factors among females is directly related cannot be positively concluded, however, it is likely to be one reason that females choose to not drink as much as their male counterparts. Campuses should create social norms campaigns influencing males to use more protective behaviors. Increasing peer education and outreach education on campuses geared towards male students, including distributing BAC cards listing some protective behaviors to students and encouraging them to use them while drinking. Continuing to highlight protective behaviors to all students is strongly encouraged, as well.

Contact Partners in Prevention at (573) 884-7551

Report prepared by Kimi Nolte, Partners in Prevention Staff

Funded by the Missouri Department of Mental Health, Division of Behavioral Health

1. Alcohol-Related Sexual Assault: A Common Problem among College Students. Antonia Abbey. 2002.

STUDENT SENSE OF BELONGING AND DRINKING

Partners in Prevention is a statewide coalition dedicated to creating healthy and safe college campuses in Missouri. The coalition is comprised of 21 public and private colleges and universities across the state. Partners in Prevention implements the Missouri College Health Behavior Survey (MCHBS) in the spring each year to assess student behaviors.

SENSE OF BELONGING

Sense of Belonging is emerging as a powerful construct in student affairs. "Belonging - with peers, in the classroom, or on campus is a crucial part of the college experience. It can affect a student's degree of academic achievement or even whether they stay in school" (Strayhorn 2012). In recognition of the potential interest in this construct, a "Sense of Belonging" scale was added to the 2013 MCHBS survey.

Questions Added to 2013 MCHBS

- a) I see myself as a part of the campus community
- b) I feel that I am a member of the campus community
- c) I feel a sense of belonging to the campus community

RESULTS

Results of the 2013 MCHBS survey indicate Missouri college students report high levels of belonging. While there was a large degree of variation by campus, 62% of students statewide reported positive sense of belonging scores. The majority of Missouri students see themselves as a welcomed and an integrated part of their campus.

DRINKING PARADOX

According to the 2013 MCHBS data, an inverse relationship emerged with student drinking behaviors. As Sense of Belonging scores increased, so did high-risk drinking. High-risk drinking is defined as students who consume five or more standard drinks in a two-hour period within the past two weeks. In other words, high-risk drinking students, reported greater "Sense of Belonging". These results present a paradox for our campuses. This phenomena may require campuses to review their data and ask the following questions.

Sense of Belonging Campus Self-Assessment Questions

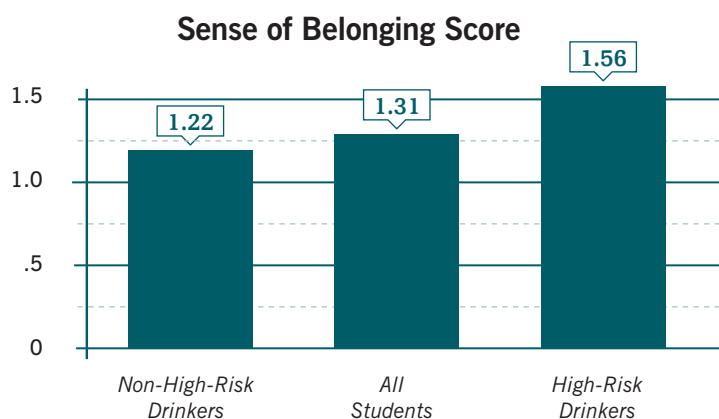
- a) What are our campus specific Sense of Belonging scores?
- b) What are our campus specific high-risk drinking rates?
- c) Are the scores related? What can we do to increase student sense of belonging **and** reduce high-risk drinking?

DISCUSSION

With the importance of encouraging a sense of belonging on our campuses and reducing high-risk drinking, we are presented with a paradox. Possible resolutions may be found in deliberate implementation of alcohol free alternative events, such as those offered at many of our campuses. Partners in Prevention will continue to monitor these scales and provide more in-depth analysis following the 2014 implementation of the Missouri College Health Behavior Survey.

**Strayhorn, T. L. (2012). College students' sense of belonging: A key to educational success for all students, Routledge.*

Contact Partners in Prevention at (573) 884-7551
Report Prepared by Partners in Prevention Research & Evaluation Staff
Funded by the Missouri Department of Mental Health, Division of Behavioral Health



MISSOURI COLLEGE STUDENTS BY LOWEST AND HIGHEST INCOME COUNTIES

Partners in Prevention (PIP) is a statewide coalition dedicated to creating healthy and safe college campuses in Missouri. PIP focuses on reducing high-risk behaviors, and tracks such progress through the implementation of the Missouri College Health Behavior Survey (MCHBS). The survey is implemented annually and collects student demographic information and reported health behaviors. Exploration of student responses from the 2013 survey identified striking differences in alcohol use and drug use when comparing students from Missouri's 10 lowest income counties to students from Missouri's 10 highest income counties who attend colleges and universities in Missouri.

BEHAVIORS

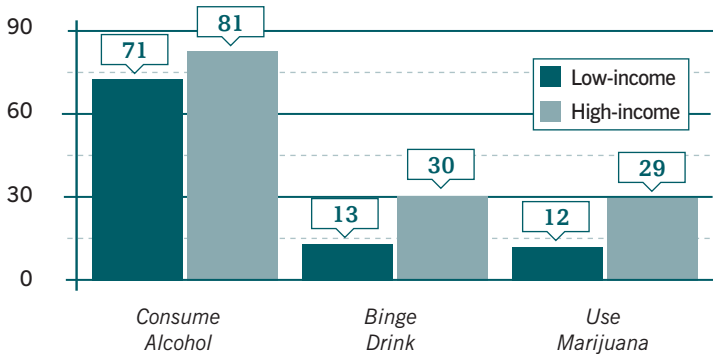
Analysis of students from the 10 lowest and the 10 highest earning counties (based on per capita income) identified significant disparities in health related behaviors. Students from the highest income county are considerably more likely to report drinking in the past year (81%) when compared to students from the lowest income counties (71%). High income counties students are also about twice as likely to report drinking in a high-risk manner* (30%) than students from the lowest income counties (13%). Students from the more affluent areas are also more likely to report marijuana use in the past year (29% compared to 12%) as well as use of all other illicit substances (cocaine, heroin, K2, ecstasy, amphetamines, and methamphetamines).

likely to report a sense of belonging on campus (53%) or identify themselves as part of the campus community (49%) when compared to the students from the highest income counties (58% and 59%, respectively).

DEMOGRAPHICS

Perhaps the most telling observation from the data is the stark difference in the number of students from Missouri's highest income counties compared to those of Missouri's lowest income counties attending our state colleges and universities. Of the approximately 10,000 students surveyed in the MCHBS, only 88 (<1% of our sample) students identified as being from the 10 lowest income counties compared to over 3,400 (36% of our sample) students identified as being from the 10 highest income counties.

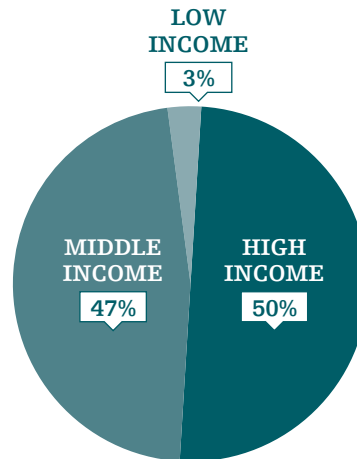
Drinking and Marijuana Use



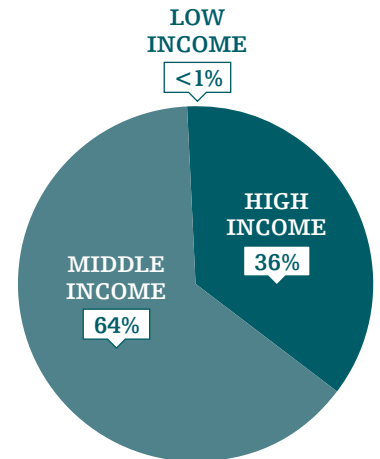
ACADEMICS AND SENSE OF BELONGING

According to the survey, students from the lowest income counties are more likely to report higher GPAs (low income county students: 3.40; high income county students: 3.30). Conversely, these students are less

State Population



MCHBS Sample



SUMMARY

The 2013 Missouri College Health Behavior Survey indicates that more students from the 10 highest

CONTINUED ➔

income counties drank in the past year, drank in a high-risk manner, used drugs and achieved lower GPAs than students from the 10 lowest income counties. However, students from the 10 highest income counties grossly outnumber students from our 10 lowest income counties. This disparity may attribute to the students from the 10 lowest income counties reporting less of a sense of belonging and decreased feelings of being a part of the campus community.

**High-risk drinking as defined by the NIAAA when men consume 5 or more drinks, and when women consume 4 or more drinks, in about 2 hours.*

Contact Partners in Prevention at (573) 884-7551
 Report Prepared by Evan Ramsey and Dan Reilly, Partners in Prevention Research & Evaluation Staff

Funded by the Missouri Department of Mental Health, Division of Behavioral Health

Per Capita Income

Highest Income <i>(in order from 1st to 10th)</i>	Lowest Income <i>(in order from 106th to 115th)</i>
Platte County	Oregon County
St. Louis County	Ripley County
St. Charles County	Douglas County
Clay County	Shannon County
Cass County	Texas County
Cole County	Pemiscot County
Camden County	Carter County
Ray County	Mississippi County
Jackson County	Wright County
Boone County	Cedar County

**2010 United States Census, American Community Survey.*

PRESCRIPTION DRUG MISUSE: REASONS AND OUTCOMES

Partners in Prevention (PIP) is Missouri's higher education substance abuse consortium dedicated to creating healthy and safe college campuses. The coalition is comprised of 21 public and private colleges and universities in Missouri. In order to gain an understanding of the current health behaviors of college students, PIP implements the Missouri College Health Behavior Survey (MCHBS) each year. The information gained from the MCHBS allows PIP to learn more about the high-risk behaviors that students are engaging in, such as prescription drug misuse.

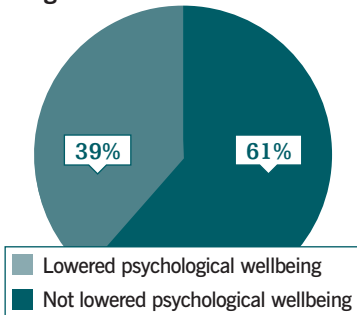
DISCUSSION

The MCHBS examines the reasons students give for misusing prescription drugs and the outcomes students experience as a result of misuse. "Mood enhancement", "stress reduction", "to fit in with friends", "to reduce pain", and "to improve academic performance" are among the reported reasons students misuse prescription drugs. While sometimes students experience the desired outcome, it does not always occur. Of the students who misused prescription drugs "to reduce pain", 14% of students did not experience a reduction in pain. Those who did experience reduced pain also reported suffering from "academic problems" (19%), "strained relationships" (20%), and a "lowered psychological wellbeing" (22%). Similarly, 14% of students who misused prescription drugs "to improve

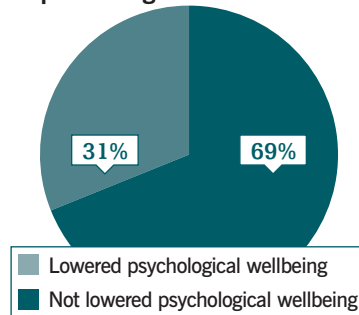
academics" did not experience an improvement. Additionally, those who did experience an improved academic performance also reported suffering from "strained relationships" (20%), "decreased physical health" (23%), and a "lowered psychological wellbeing" (25%).

Furthermore, some students even experience a converse outcome to the reason they gave for misusing prescription drugs. Of the students who reported misusing prescription drugs for "mood enhancement", 39% experienced a "lowered psychological wellbeing" as a result. Similarly, 31% of students who reported misusing prescription drugs for "stress reduction" instead experienced a "lowered psychological wellbeing". Of the students who reported misusing prescription drugs "to fit in with friends", 62% experienced "strained relationships".

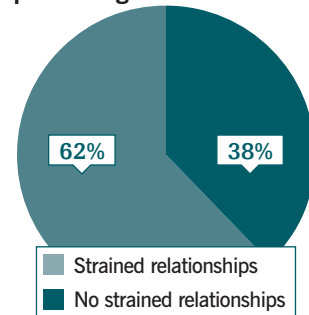
Students who reported misusing prescription drugs for "mood enhancement"



Students who reported misusing prescription drugs for "stress reduction"



Students who reported misusing prescription drugs to "fit in with friends"



SUMMARY

While students give a variety of reasons for misusing prescription drugs, unpredictable results remain a constant among all possible motives. Misusing prescription drugs is not creating the outcomes initially sought and is even causing conflicting effects. Rather than turning to prescription drugs, students have the option of practicing a healthy behavior alternative to produce the desired result. MoSafeRx is PIP's initiative to educate students on the dangers of misusing prescription drugs and offers healthy alternatives to the reasons behind misuse.

For more information on how to bring MoSafeRx to your campus, visit pip.missouri.edu/rx_info.html

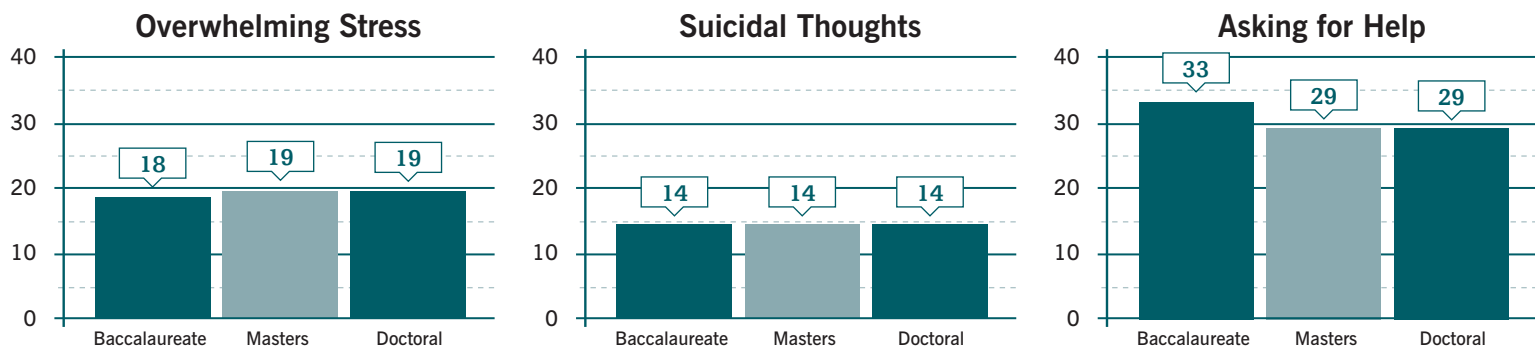
Contact Partners in Prevention at (573) 884-7551. Report Prepared by Partners in Prevention Research & Evaluation Staff
Funded by the Missouri Department of Mental Health, Division of Behavioral Health

DIFFERENCES IN HELP SEEKING BEHAVIORS BY INSTITUTIONAL CLASSIFICATION

The Carnegie Classification system has been the long-standing framework for categorizing institutional diversity in the United States. These categorizations have been used to help policy analysts and researchers classify the wide variety of institutions represented in higher education. As institutions of higher education have evolved, the classification system has morphed to accurately reflect the categories of institutions. This brief uses the Basic Classification to discuss mental health experienced by students at colleges and universities in Missouri and how students respond. *More information about the Carnegie Classification system can be found in the Partners in Prevention and the Carnegie Classification System Fact Sheet.*

DISCUSSION

According to the 2013 Missouri College Student Health Behavior Survey the rates of overwhelming stress, suicidal thoughts, and asking for help with mental health problems are consistent across the Carnegie classification system. However, where students turn to for help at Doctorate-Granting Universities, Master's Colleges and Universities, and Baccalaureate Colleges differs.



How students seeking help differs

Resource	Baccalaureate	Masters	Doctorate
Friends and Family	57%	33%	12%
University Counseling Center	61%	25%	5%
Religious or Spiritual Advisor	48%	73%	3%

This chart above reveals that students turn to family and friends and university counseling centers for help, however, students at Master's College and Universities and Doctorate-Granting Universities are less likely to turn to a religious or spiritual advisor than students at an exclusively Baccalaureate college.

This opposite chart reveals that students at Master's Universities and Doctorate-Granting Universities are less likely to approach faculty/professors, academic advisors and residential life staff with personal concerns.

Who students feel they can go to on campus with personal concerns

Resource	Baccalaureate	Masters	Doctorate
Faculty/Professor	25%	20%	11%
Academic Advisor	23%	17%	11%
Residential Life Staff	20%	14%	7%

SUMMARY

Information in this brief can be used to provide better services on each campus. Campuses could devote time to training those to whom their students are most likely to turn to in a time of need. Since many students list "family and friends" as a resource, schools could encourage student to seek help from whoever they are most comfortable with if they have mental health concerns. The Ask. Listen. Refer. online training program is available for free to all students, faculty and staff and can serve as a tool for those who will serve as a resource to others.

Contact Partners in Prevention at (573) 884-7551. Report Prepared by Partners in Prevention Research & Evaluation Staff
Funded by the Missouri Department of Mental Health, Division of Behavioral Health

SEXUAL VIOLENCE ON COLLEGE CAMPUSES

Partners in Prevention (PIP) is a consortium of 21 college campuses in Missouri dedicated to creating safe and healthy campuses. Following the release of the Dear Colleague Letter on Title IX in 2011, PIP has paid special attention to new regulations and would like to bring each campus's attention to Title IX and campus sexual assault.

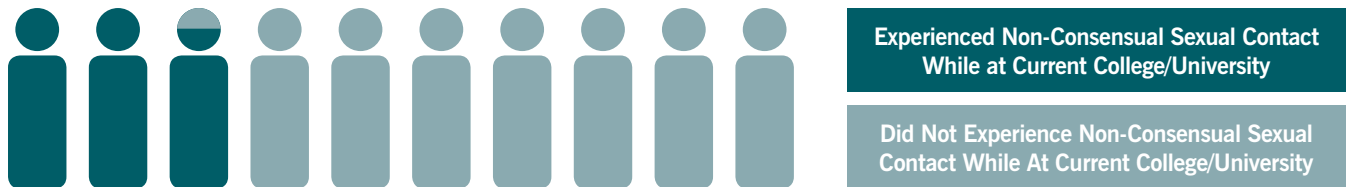
HISTORY

Title IX is an educational amendment released in 1972 which prohibited discrimination based on gender. In April 2011, the Office of Civil Rights released a Dear Colleague letter further explaining the regulations behind Title IX. This letter clarified that sexual violence is a form of discrimination and that it is each school's obligation to respond to sexual violence.

DISCUSSION

Information taken from the 2014 Missouri College Health Behavior Survey shows that no campus within PIP is immune to sexual violence; therefore, each campus must pay attention to and institutionalize Title IX regulations. The table below contains data showing the percent of students who report having experienced sexual assault in the past year.

According to the MCHBS, last year 3.5% of Missouri college students disclosed experiencing non-consensual sexual contact against their will. Of those students, 29% experienced the non-consensual sexual contact while attending their current college or university. While the average for all PIP schools is 29%, rates of students experiencing non-consensual sexual contact in the past year while attending their college or university varies widely by campus, with rates as low as 10% and as high as 50% on some campuses.



CONCLUSION

The national estimate of sexual assaults on college campuses is between 20 - 25%. The discrepancy between the MCHBS report and the national estimate shows that many victims of sexual assault are not reporting their victimization.

Schools must create an environment where students feel comfortable reporting incidences of sexual violence. Without the perceived ability to report, students will not report and the institution will be unable to respond to sexual violence further perpetuating a hostile environment for survivors. The Office for Civil Rights has released some requirements that colleges and universities should address immediately. They are:

1. Disseminate a notice of nondiscrimination
2. Designate at least one employee to coordinate its efforts to comply with and carry out its responsibilities under Title IX.
3. Adopt and publish grievance procedures providing for prompt and equitable resolution of student and employee sex discrimination complaints.¹

An additional recommendation suggested by the Office of Civil Rights is the designation of a confidential space where survivors of sexual violence can seek support services.

¹ More information on Title IX can be found here: www2.ed.gov/about/offices/list/ocr/docs/qa-201404-title-ix.pdf

KEY FINDINGS FOR INTERNATIONAL STUDENTS ON THE MCHBS

Partners in Prevention (PIP) is Missouri's higher education substance abuse consortium focused on promoting healthy behaviors on college campuses. In order to gain an understanding of the current health behaviors of college students, PIP implements the Missouri College Health Behavior Survey (MCHBS) each spring. The information gained from the MCHBS not only allows PIP to learn more about the risky behaviors of Missouri college students as a whole, but also provides the opportunity to focus on the behaviors of particular demographics and sub-populations.

DISCUSSION

International students face distinct challenges as non-permanent residents on the college and university campuses across the State of Missouri. While they are less than 5% of the student population, their needs and challenges are so diverse and unique that they undoubtedly require specific attention and resources. The following seeks to identify more precisely the health behaviors of these students.

International students have a weaker and less permanent connection to the university or college, fellow students and organizations. They overwhelmingly describe wanting to be more connected on campus and having a lesser sense of belonging among students. International students are also more likely to consider leaving college or university in the past year (nearly 1 in 3). With the exception of student government and athletics they are also considerably less likely to be involved in any campus activity or student organization than other students.

While alcohol is a commonly cited concern for the health of college students, this proves to be in stark contrast to the health behaviors of international students. The same

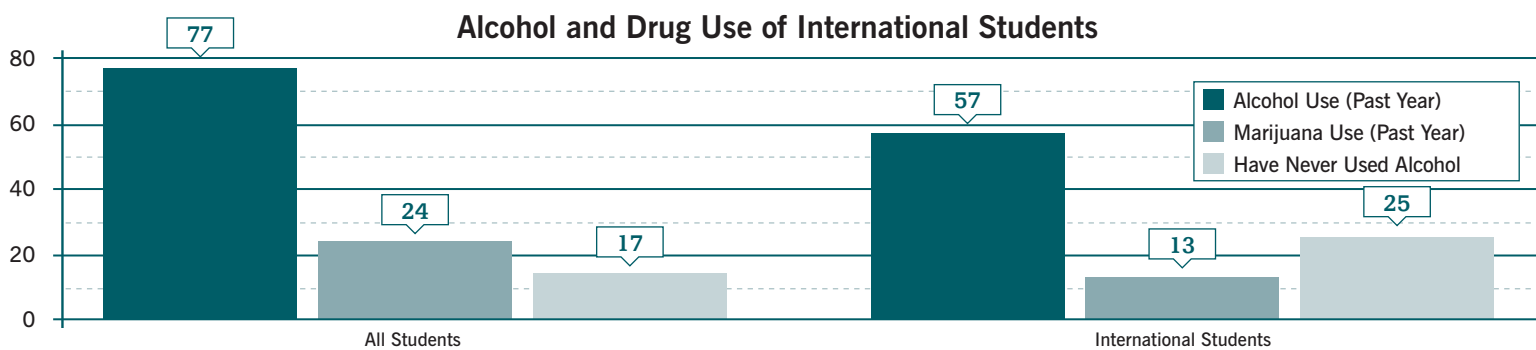
holds true of marijuana, where international students are more likely to refrain from use.

International students are also less likely to describe having stress and being negatively affected by their stress. They are less likely to report having suicidal thoughts or having a mental health disorder. Unfortunately, while they are less likely to report negative mental health outcomes, they report having fewer personal and contacts to help them cope when problems do arise.

SUMMARY

While it seems that international students have more positive and healthier behaviors when compared to the average college population, they are overwhelmingly disconnected from campus and at-risk for problems as they do not have the resources or connections to help cope when problems or consequences arise. Providing a network of support and establishing a base of resources and contacts for international students appears to be the greatest service and need that still exist for the health and well-being of international students.

Contact Partners in Prevention at (573) 884-7551. Report prepared by Evan Ramsey, Partners in Prevention Staff. Funded by the Missouri Department of Mental Health, Division of Behavioral Health



PARTNERS IN PREVENTION AND THE CARNEGIE CLASSIFICATION SYSTEM FACT SHEET

The Carnegie Classification system is a framework for categorizing institutional diversity in the United States. Formed by the Carnegie Commission on Higher Education in 1970, the Carnegie Foundation has published six updates to their original 1973 publication. These categorizations have been used to help policy analysts and researchers classify the wide variety of institutions represented in higher education. As institutions of higher education have evolved, the classification system has morphed to accurately reflect the categories of institutions.

The Carnegie Foundation has six classification systems: the Basic Classification, the Undergraduate Instructional Program Classification, the Graduate Instructional Program Classification, the Enrollment Profile Classification, the Undergraduate Profile Classification, and Size and Setting Classification. In order to assess the difference in health behaviors of students at campuses at different categories of institutions, Partners in Prevention will use the Carnegie Classification system as its framework to categorize institutions.

BASIC CLASSIFICATION

The Basic Classification follows the original framework used in 1973, but significant changes were made to the sub-classifications in 2005. Currently there are six categories within the traditional Basic Classification: Associate's Colleges, Doctorate-Granting Universities, Master's Colleges and Universities, Baccalaureate Colleges, Special Focus Institutions, and Tribal Colleges. Of these six classifications, PIP member campuses are found in the first four categories.

Doctorate-Granting Universities	Master's Colleges & Universities	Baccalaureate Colleges	Associate's Colleges
<ul style="list-style-type: none"> » Maryville University » Missouri University of Science & Technology » Saint Louis University » University of Missouri » University of Missouri-Kansas City » University of Missouri-St. Louis 	<ul style="list-style-type: none"> » Columbia College » Drury University » Lincoln University » Missouri State University » Northwest Missouri State University » Rockhurst University » Southeast Missouri State University » Truman State University » University of Central Missouri 	<ul style="list-style-type: none"> » Evangel University » Harris-Stowe State University » Missouri Southern State University » Missouri Western State University » Westminster College 	<ul style="list-style-type: none"> » Linn State Technical College

**Categorization taken from classifications.carnegiefoundation.org*

Doctorate-Granting Universities includes any institution that awards at least 20 research doctoral degrees. This category also includes the “high” and “very high” research institutions (formerly known as Research I and Research II institutions).

Master's Colleges and Universities consists of institutions which awarded at least 50 master's degrees, but did not meet qualifications for the doctorate-granting universities.

Baccalaureate Colleges include institutions where baccalaureate degrees consist of at least 10% of all degrees, but award less than 50 master's or 20 doctoral degrees.

Associate's Colleges includes institutions where less than 10% of all undergraduate degrees are awarded at the bachelor's level, or where all degrees are associate's degrees.

There are exceptions to the division definitions provided above. These exceptions can be found within the “Methodology” section at <http://classifications.carnegiefoundation.org>.

CONTINUED ➔

As the Carnegie Classification system is often used in research and analysis of institutions of higher education, PIP has used the classification system to divide member campuses into the aforementioned recognizable

groups. For purposes of statewide reporting, Linn State Technical College has been left off the list, as it is the only institution falling within the Associate's College Classification category.

Doctorate-Granting Universities	Master's Colleges and Universities	Baccalaureate Colleges
» Maryville University	» Columbia College	» Evangel University
» Missouri University of Science & Technology	» Drury University	» Harris-Stowe State University
» Saint Louis University	» Lincoln University	» Missouri Southern State University
» University of Missouri	» Missouri State University	» Missouri Western State University
» University of Missouri-Kansas City	» Northwest Missouri State University	» Westminster College
» University of Missouri-St. Louis	» Rockhurst University	
	» Southeast Missouri State University	
	» Truman State University	
	» University of Central Missouri	

FUTURE BRIEFS

Partners in Prevention is excited to publish briefs this academic year using the Carnegie Classification on topics including alcohol use and consequences, mental health, students' life outside of the classroom, and others.

The same percentage of students at all three institution types reported feeling overwhelming or unbearable stress in the past two weeks (21%), to the level that stress impacted their academic life (19% reported it having a considerable or great impact on their life at all three institutions). Students at universities in the Doctoral and Master's Classification have higher reported percentages of experiencing mental health stressors, such as panic attacks, anxiety, and chronic sleep issues, than those at Baccalaureate Colleges. However, those at Baccalaureate Colleges have a slightly higher percentage of students reporting major depression in the past year.

These briefs will allow institutions to compare themselves to other category schools, in addition to comparing themselves to schools in their own category by requesting their school-specific data through their PIP Contact.

A quick look at the data can paint a broad brushstroke, but PIP is proud to publish several briefs to dive deeper into the differences and similarities of health behaviors of Missouri college students, as divided by their school's Carnegie Classification. The first of these briefs touches on the differences in frequency of alcohol use and perceptions of students. Notably, there is about a 10% point difference in the binge rates of students at Baccalaureate Colleges (16%) and those at either Masters (27%) or Doctoral Colleges and Universities (27%). Following this trend, students at Baccalaureate Colleges reported drinking less frequently than their counterparts at other institutions. This information and reported consequences of alcohol use will be explored further in the research briefs as well as the differences of mental health and coping strategies of college students.

More information about the Carnegie Classification system can be found at classifications.carnegiefoundation.org

*Contact Partners in Prevention at (573) 884-7551
Report Prepared by Partners in Prevention Research & Evaluation Staff
Funded by the Missouri Department of Mental Health, Division of Behavioral Health*

PARTNERS IN PREVENTION MEMBER CAMPUSES 2013-2014

Columbia College

Terri Zeilenga, MA, LPC, Director of Counseling Services
1001 Rogers street
Columbia, MO 65216
Phone: (573) 875-7423
Fax: (573) 875-7235

Drury University

Matt Battaglia MBA, CPA, Director of Residence Life & Student Conduct
Phone: (417) 873-6871
Fax: (417) 873-6997

Evangel University

Dr. Sheri Phillips, Vice-President for Student Development
1111 N. Glenstone
Springfield, MO 65802
Phone: (417) 865-2815 x7321

Harris-Stowe State University

Vicki R. Bernard, Ph.D, Director, Counseling Services
Room 110 C GRH
3026 Laclede Avenue
St. Louis, MO 63103
Phone: (314) 340-5112

Lincoln University

Christopher Sutton, Assistant Director of Student Activities
210 B Scruggs University Center
Jefferson City, MO 65101
Phone: (573) 681-5517

Maryville University of Saint Louis

Pam Culliton, ARNP-C, Director, Health & Wellness Services
650 Maryville University Drive
St. Louis, MO 63141
Phone: (314) 529. 9520
Fax: (314) 529.9906

Missouri Southern State University

Mr. Steven Brett Benfield, Director of Campus Recreation
Recreation Center
BSC 241A
3950 E. Newman Road
Joplin, MO 64801-1595
Phone: (417) 625-9693

Missouri University of Science and Technology

Jessica Gargus, Health Educator
204 Norwood Hall
320 W. 12th St.
Rolla, MO 65409
Phone: (573) 341-4225

Missouri State University

Jerilyn Reed, Student Wellness, Taylor Health and Wellness Center
901 South National
Springfield, MO 65897
Phone: (417) 836-4045

University of Missouri

Kim Dude, Director, Wellness Resource Center
University of Missouri-Columbia
G202 MU Student Center
Columbia, MO 65211
Phone: (573) 882-4634

Missouri Western State University

Dave Brown, Director of Counseling
4525 Downs Drive
St. Joseph, MO 64507
Phone: (816) 271-4327
Fax: (816) 271-5930

Northwest Missouri State University

Jennifer Kennymore, MPH, Health Educator, University Wellness Services
800 University Drive
Maryville, MO 64468
Phone: (660) 562-1348
Fax: (660) 562-1585

Rockhurst University

Megan Brower, Assistant Director of Student Life
1100 Rockhurst Road
Kansas City, MO 64110
Phone: (816) 501-4398

Southeast Missouri State University

L. Randy Carter, Ed.D., Assistant Dean of Students
Office of Student Conduct
One University Plaza - MS 1500
Cape Girardeau, MO 63701
Phone: (573) 651-2264

CONTINUED ➡

Saint Louis University

Jay Winig
3518 Laclede Ave.
St. Louis, MO 63103
Phone: (314) 977-2322

State Technical College of Missouri

Jason Hoffmeyer, LCSW, Clinical Counselor / Vocation
Resource Educator
One Technology Drive
Linn, MO 65051
Phone: (573) 897.5110

Truman State University

Beth Kral, Citizenship and Community Standards
Center for Student Involvement
100 E. Normal
Kirksville, MO 63501
Phone: (660) 785-4111

University of Central Missouri

Amy Kiger, Office of Violence and Substance Abuse
Prevention
University Health Center
600 S. College
Warrensburg, MO 64093
Phone: (660) 543-8338

University of Missouri-Kansas City

Kate Melton, Health Educator
UMKC Counseling Center
4825 Troost, Suite 206
Kansas City, MO 64110
Phone: (816) 235-5350

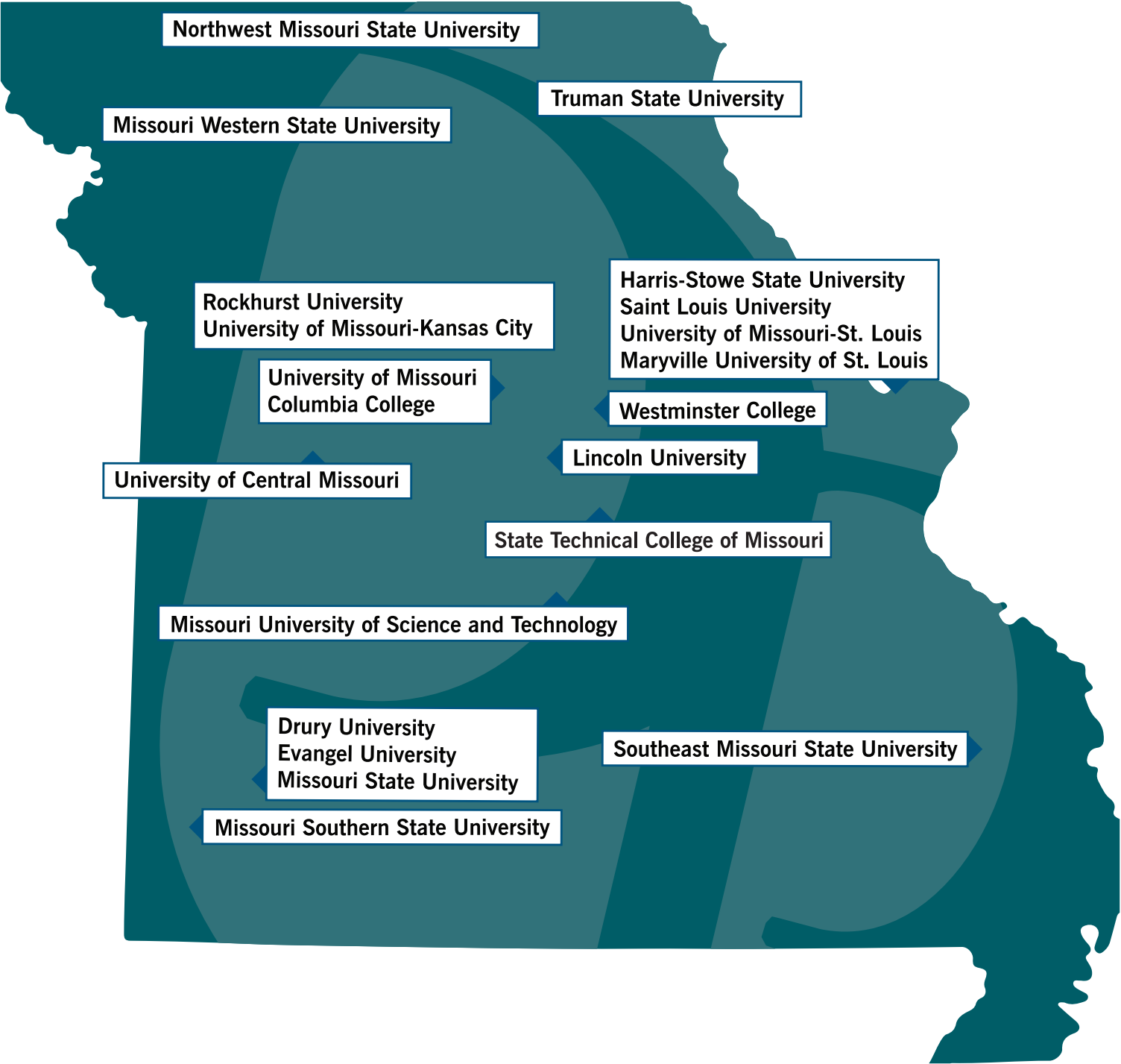
University of Missouri- St. Louis

Robin Kimberlin, MSW
Social Work-Based Services
144 Millennium Student Center
St. Louis, MO 63121
Phone: (314) 516-6369

Westminster College

Amanda Stevens, M.Ed., R.D., L.D., Wellness
Program Director, Registered Dietitian
501 Westminster Ave.
Fulton, MO 65251
Phone: (573) 592-5256
Fax: (573) 592-5180

PARTNERS IN PREVENTION MEMBER CAMPUS LOCATIONS



ACKNOWLEDGEMENTS

Coalition efforts are funded by the Missouri Department of Mental Health- Missouri Division of Alcohol and Other Drug Abuse with supplemental funding from the Missouri Division of Highway Safety, the Missouri Department of Mental Health, Youth Suicide Prevention Grant, the Missouri Department of Public Safety- Enforcing Underage Drinking Laws Grant, and the federal SAMSHA Garrett Lee Smith Memorial Act Campus Prevention Grant program.

Partners in Prevention would also like to thank the Missouri Division of Behavioral Health and the Wellness Resource Center at the University of Missouri for their continued support.

Additionally, special thanks to the individuals contributing to the research briefs published in 2013-2014: Joan Masters, Dan Reilly, Jessica Schlosser, Kathleen Anderson, Chelsie Covey, Wendy Walden, Kimi Nolte, Danica Wolf, Evan Ramsey, and graphic designer Eric Filcoff.



Missouri's higher education substance abuse consortium

FOR MORE INFORMATION, VISIT [HTTP://PIP.MISSOURI.EDU](http://pip.missouri.edu)