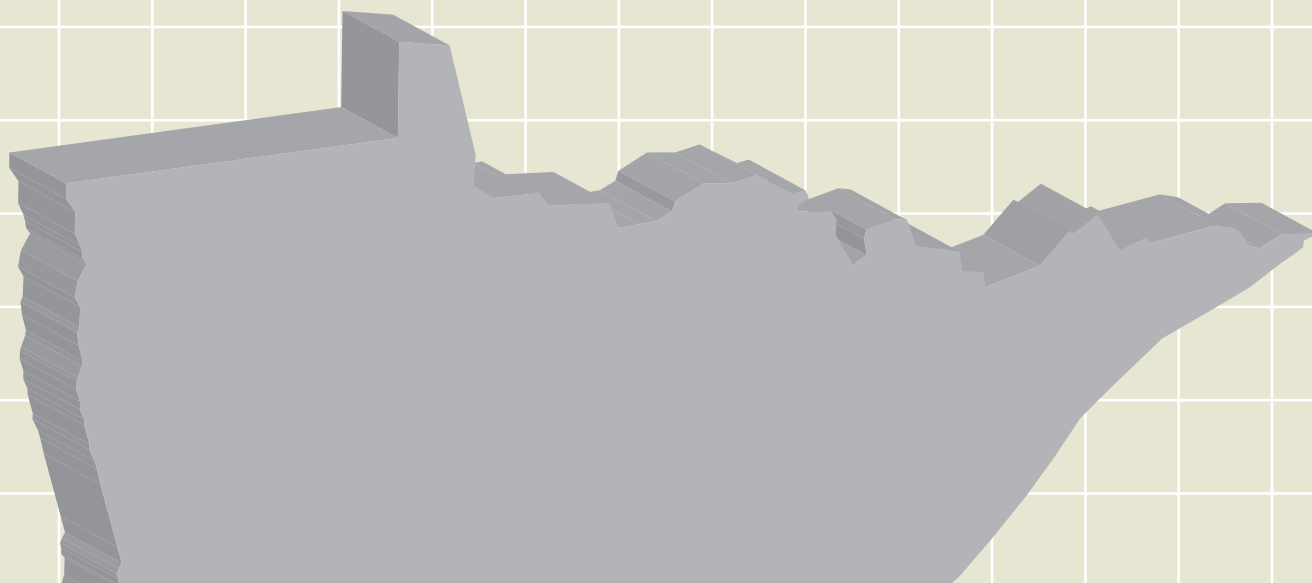


Boynton Health Service

UNIVERSITY OF MINNESOTA
Driven to DiscoverSM

2010 College Student Health Survey Report



Health and Health-Related Behaviors

Bemidji State University Students



Results

Tobacco Use

Young adults transitioning between high school and college find themselves in an environment with increased opportunities to make personal and lifestyle decisions without supervision or input from their parents. Coupling this new-found freedom with growing academic pressure and an expanding social network can lead to experimentation and risky behaviors such as smoking. Preventing smoking among young adults is critical to reducing long-term use of tobacco products and the subsequent negative health consequences.

National Comparison

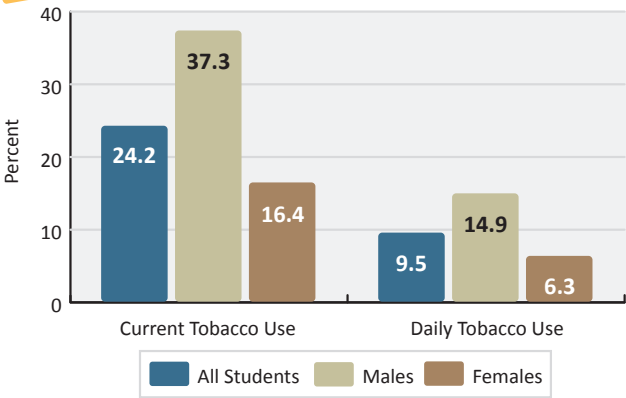
Recent research shows that current cigarette use by Americans of all ages peaks among young adults ages 21-25 at 37.1%, while 18- to 20-year-olds are not far behind at 33.5%.⁶ Nearly one in three (30.0%) full-time college students smoked cigarettes at least one time in the previous year, less than one in five (17.9%) smoked cigarettes at least one time in the previous 30 days, and approximately one in ten (9.2%) smoke cigarettes daily.⁷ Among young adults ages 18-25, 5.4% used smokeless tobacco in the previous month.⁶ Current cigarette smokers are more likely to use other tobacco products, alcohol, or illicit drugs than nonsmokers.⁶ Among all current smokers, 42.5% have tried to quit and have stopped smoking for at least one day in the preceding 12 months.⁸ Of the 15 million college students in the United States, an estimated 1.7 million will die prematurely due to smoking-related illnesses.⁹ Clearly the current level of tobacco use among college students poses a major health risk.

The current tobacco use rate for Bemidji State University students is **24.2%**, with a daily tobacco use rate of **9.5%**. Males report higher rates of both current and daily tobacco use compared to females.

Definition:
Current Tobacco Use

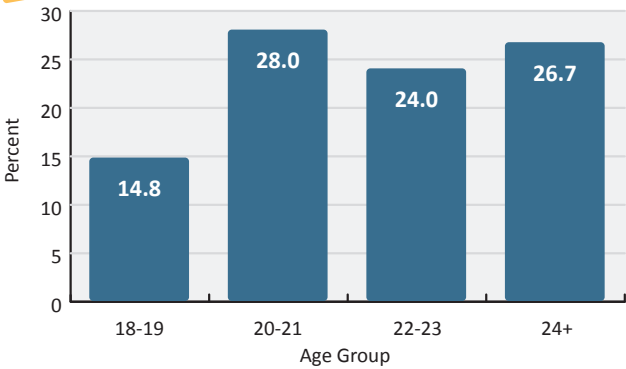
Any tobacco use in the past 30 days. Tobacco use includes both smoking and smokeless tobacco.

Current and Daily Tobacco Use
All Students by Gender



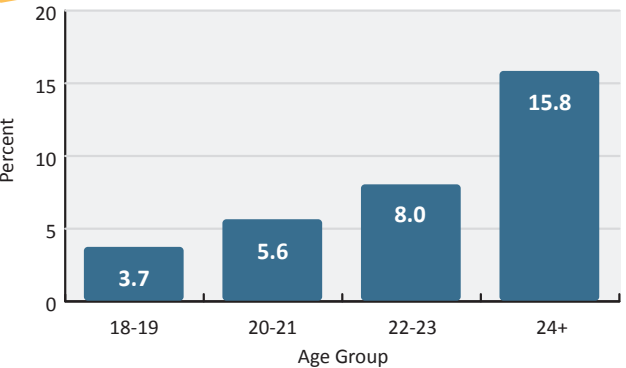
Bemidji State University students ages 20-21 report the highest current tobacco use rate.

Current Tobacco Use
All Students by Age Group



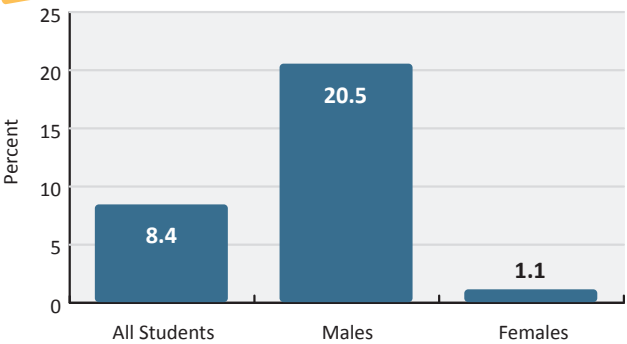
Among BSU students, the rate of daily tobacco use increases with age.

Daily Tobacco Use
All Students by Age Group



Current Smokeless Tobacco Use

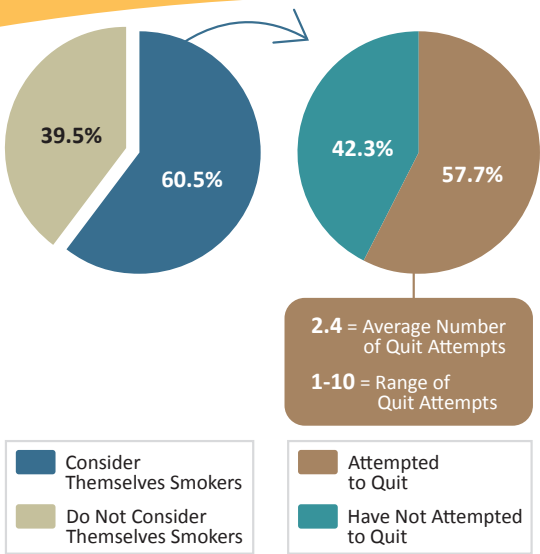
All Students by Gender



Males are the predominant users of smokeless tobacco. Overall, more than one in five (**20.5%**) male Bemidji State University students report using smokeless tobacco during the past 30 days.

Quit Attempts—Past 12 Months

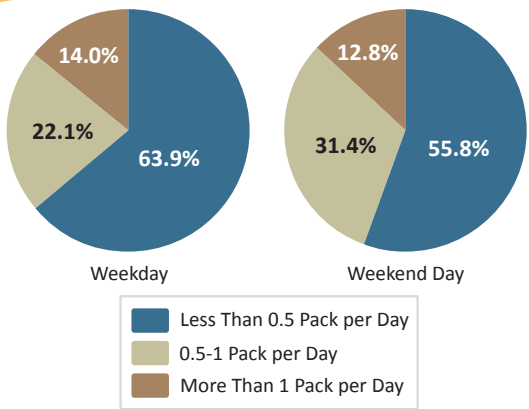
Current Smokers



Among students at Bemidji State University who report using smoking tobacco in the past 30 days, **39.5%** do not consider themselves smokers. Among BSU students who do consider themselves smokers, **57.7%** made at least one attempt to quit smoking over the past 12 months. These students made an average of **2.4** quit attempts during that same 12-month period.

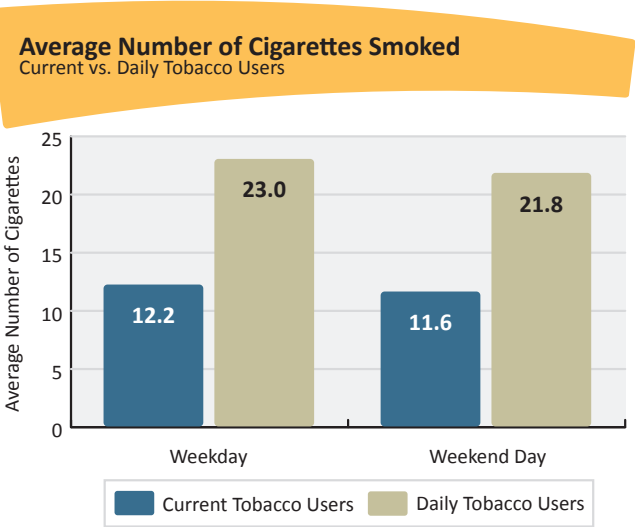
Number of Cigarettes Smoked

Current Tobacco Users

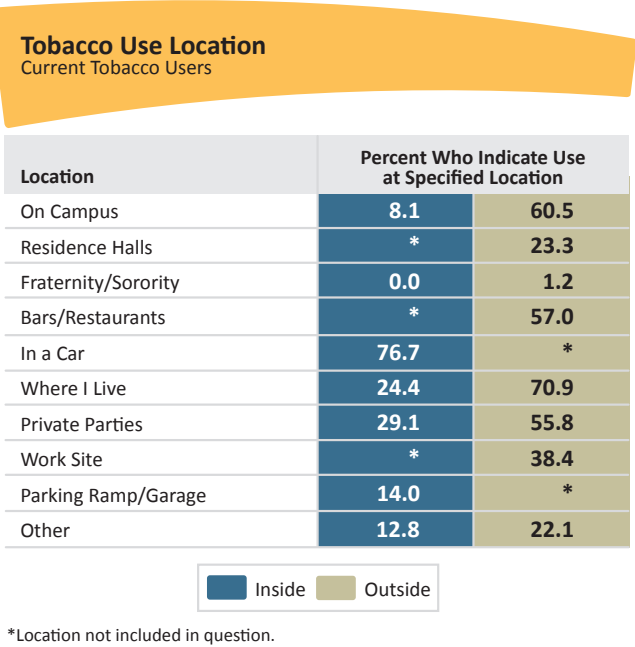


For BSU students who report using tobacco over the past 30 days, the percentage of those who say they smoke half a pack of cigarettes or more per day increases from **36.1%** on a weekday to **44.2%** on a weekend day.

The average number of cigarettes smoked by BSU students who are current tobacco users decreases from **12.2** per weekday to **11.6** per weekend day. For daily tobacco users, the average number decreases from **23.0** per weekday to **21.8** per weekend day.



Bemidji State University students who used tobacco in the past 30 days report the most common locations of their use are in a car, where they live (outside), on campus (outside), and at bars and restaurants (outside).



Secondhand Smoke Exposure

All Students

Location	Percent Who Indicate Exposure					
	Nonsmokers		Smokers		All Students	
On Campus	0.9	41.9	2.3	53.5	1.2	44.2
Residence Halls	*	11.0	*	16.3	*	12.0
Fraternity/Sorority	0.3	0.9	1.2	1.2	0.5	0.9
Bars/Restaurants	*	17.2	*	46.5	*	23.1
In a Car	11.0	*	45.3	*	18.1	*
Where I Live	2.0	7.6	12.8	43.0	4.4	14.8
Private Parties	8.7	15.1	16.3	29.1	10.6	18.1
Work Site	*	5.5	*	23.3	*	9.3
Parking Ramp/Garage	1.5	*	8.1	*	3.0	*
Other	6.4	14.0	12.8	14.0	7.9	14.1
N/A—Never Exposed	35.5		11.6		30.6	

Inside

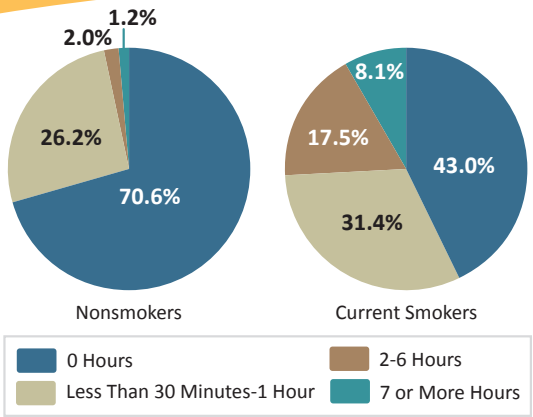
Outside

*Location not included in question.

For both nonsmokers and smokers attending BSU, on campus (outside) and bars and restaurants (outside) are the most commonly cited locations for exposure to secondhand smoke.

Secondhand Smoke Exposure—Per Week

Nonsmokers vs. Current Smokers

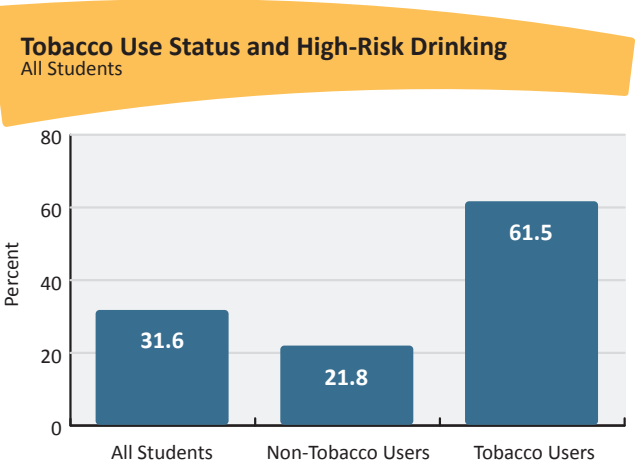


For nonsmokers attending Bemidji State University, **3.2%** report being exposed to secondhand smoke 2 or more hours per week. For current smokers, **25.6%** report being exposed to secondhand smoke for 2 or more hours per week.

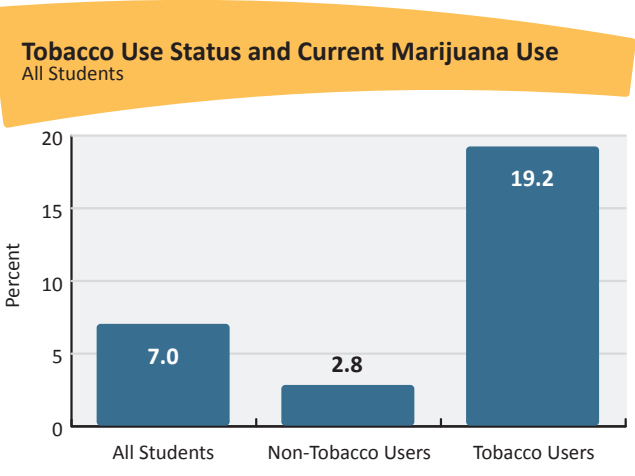
Bemidji State University students who use tobacco tend to have a higher rate of high-risk drinking compared to BSU students who are non-tobacco users (**61.5%** vs. **21.8%**, respectively).

Definition:
High-Risk Drinking

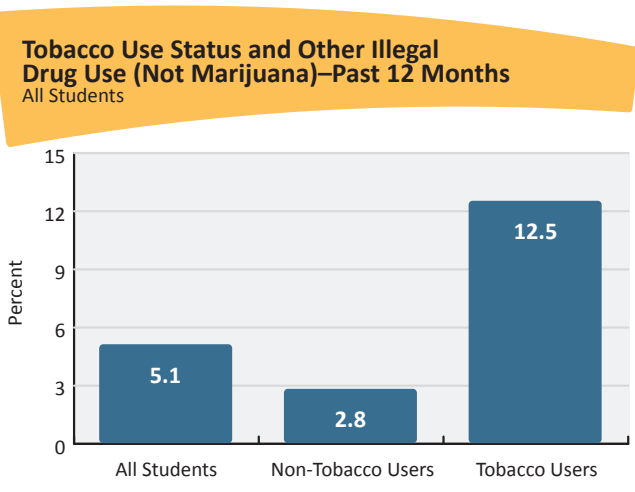
Consumption of five or more alcohol drinks at one sitting within the past two weeks for both males and females. A drink is defined as a bottle of beer, wine cooler, glass of wine, shot glass of liquor, or mixed drink.



Similar to the relationship between high-risk drinking and tobacco use, use of marijuana in the past 30 days by BSU students is higher among tobacco users (**19.2%**) compared to non-tobacco users (**2.8%**). This is a more than six-fold increase in the rate.



As with high-risk drinking and marijuana use, the use of other illegal drugs is associated with tobacco use. Tobacco users who attend BSU use illegal drugs other than marijuana at more than four times the rate of non-tobacco users who attend the university (**12.5%** vs. **2.8%**, respectively).



References

1. Centers for Disease Control and Prevention. (2008). *Behavioral Risk Factor Surveillance System* [survey data]. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved April 2, 2010, from <http://apps.nccd.cdc.gov/brfss>.
2. Heyman KM, Barnes PM, Schiller JS. (2010). *Early release of selected estimates based on data from the January-September 2009 National Health Interview Survey*. Hyattsville, MD: National Center for Health Statistics. Retrieved April 2, 2010, from <http://www.cdc.gov/nchs/nhis.htm>.
3. U.S. Department of Health and Human Services. (2000). *Healthy People 2010: Understanding and improving health*. 2nd ed. Washington, DC: U.S. Government Printing Office.
4. Snyder TD, Dillow SA, Hoffman CM. (2009). *Digest of education statistics 2008* (NCES 2009-020). Washington DC: National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education.
5. Harvard School of Medicine. (2007). *National Comorbidity Survey-Replication* [survey data]. Retrieved April 2, 2010, from <http://www.hcp.med.harvard.edu/ncs/index.php>.
6. Substance Abuse and Mental Health Services Administration. (2009). *Results from the 2008 National Survey on Drug Use and Health: National findings* (NSDUH Series H-36, DHHS Publication No. SMA 09-4434). Rockville, MD: Office of Applied Studies.
7. Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. (2009). *Monitoring the Future national survey results on drug use, 1975-2008. Vol. II: College students and adults ages 19-45* (NIH Publication No. 09-7403). Bethesda, MD: National Institute on Drug Abuse.
8. Centers for Disease Control and Prevention. (2006, October 27). Tobacco use among adults—United States, 2005. *Morbidity and Mortality Weekly Report*, 5(42), 1145-1148.
9. Halperin AC. (2002, March). *State of the union: Smoking on US college campuses. A report for the American Legacy Foundation*. Washington, DC. (unpublished, internal report).
10. Tjaden P, Thoennes N. (2006). *Extent, nature, and consequences of rape victimization: Findings from the National Violence Against Women Survey* (Report NCJ 210346). Washington, DC: National Institute of Justice.
11. Fischer BS, Cullen FT, Turner MG. (2000). *The sexual victimization of college women* (Report NCJ 182369). Washington, DC: National Institute of Justice.
12. Sallie Mae. (2009). *How undergraduate students use credit cards. Sallie Mae's national study of usage rates and trends 2009*. Retrieved April 2, 2010, from <http://www.salliemae.com/NR/rdonlyres/OBD600F1-9377-46EA-AB1F-6061FC763246/10744/SLMCreditCardUsageStudy41309FINAL2.pdf>.
13. LaBrie RA, Shaffer HJ, LaPlant DA, Wechsler H. (2003). Correlates of college student gambling in the United States. *Journal of American College Health*, 52(2), 53-62.
14. Niemeier HM, Raynor HA, Lloyd-Richardson EE, Rogers ML, Wing RR. (2006). Fast food consumption and breakfast skipping: Predictors of weight gain from adolescence to adulthood in a nationally representative sample. *Journal of Adolescent Health*, 39(6), 842-849.
15. Centers for Disease Control and Prevention. (2007). *About BMI for adults*. Retrieved April 2, 2010, from http://www.cdc.gov/nccdphp/dnpa/bmi/adult_BMI/about_adult_BMI.htm#Interpreted.
16. Centers for Disease Control and Prevention. (2008). *Physical activity for everyone*. Retrieved April 2, 2010, from <http://www.cdc.gov/nccdphp/dnpa/physical/everyone/recommendations/>.
17. Mosher WD, Chandra A, Jones J. (2005). *Sexual behavior and selected health measures: Men and women 15-44 years of age, United States, 2002. Advance data from vital and health statistics* (No. 362). Hyattsville, MD: National Center for Health Statistics.
18. Centers for Disease Control and Prevention. (2009, November). *Sexually transmitted disease surveillance, 2008*. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved April 2, 2010, from <http://www.cdc.gov/std/stats08/main.htm>.
19. Centers for Disease Control and Prevention. (2006, June 9). Youth risk behavior surveillance—United States, 2005. *Morbidity and Mortality Weekly Report Surveillance Summaries*, 55(SS-5), 1-108.

Principal Investigator

Katherine Lust, Ph.D., M.P.H.
Boynton Health Service
(612) 624-6214 • klust@bhs.umn.edu

Co-Investigators

Edward P. Ehlinger, M.D., M.S.P.H.
Boynton Health Service
(612) 625-1612 • eehlinger@bhs.umn.edu

David Golden
Boynton Health Service
(612) 626-6738 • dgolden@bhs.umn.edu

Collaborator

Steve Frantz, Ed.D.
Minnesota State Colleges and Universities
(651) 296-0672 • Steve.Frantz@so.mnscu.edu

Publication Coordinator/Editor

Britt Bakke
Boynton Health Service
(612) 624-2965 • bbakke@bhs.umn.edu

Writer/Editor

Julia Sanem, M.P.H.
Boynton Health Service
(612) 624-1940 • jsanem@bhs.umn.edu

Designer

Amy Bartkus
Boynton Health Service
(612) 624-0911 • abartkus@bhs.umn.edu

Published November 2010

The University of Minnesota is an equal opportunity educator and employer.

This publication is available in alternative formats upon request.

♻️ Contains a minimum of 10% post-consumer waste.

For more information or additional copies, contact the Boynton Health Service Marketing Department at (612) 625-6410 or cuchal@bhs.umn.edu.



Partial funding was provided by a 2008 congressionally directed grant award to the Minnesota State Colleges and Universities (P116Z080299). The contents do not necessarily represent the policy of the U.S. Department of Education nor imply endorsement by the federal government.

Minnesota
STATE COLLEGES
& UNIVERSITIES

Boynton Health Service

UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

www.bhs.umn.edu

410 Church Street S.E., Minneapolis, MN 55455
Phone (612) 625-6410 • Fax (612) 625-2925

©2010 Regents of the University of Minnesota. All rights reserved.