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# Nebraska Risk and Protective Factor Student Survey Results for 2016

## Profile Report: South Heartland District Health Department



**Sponsored by:**

Nebraska Department of Health and Human Services  
Division of Behavioral Health

**Administered by:**

Bureau of Sociological Research  
University of Nebraska-Lincoln

*NRPFSS is part of the Student Health and Risk  
Prevention (SHARP) Surveillance System that administers  
surveys to youth enrolled in Nebraska schools*

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## Introduction and Overview

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This report summarizes the findings from the 2016 Nebraska Risk and Protective Factor Student Survey (NRPFSS). The 2016 survey represents the seventh implementation of the NRPFSS and the fourth implementation of the survey under the Nebraska Student Health and Risk Prevention (SHARP) Surveillance System. SHARP consists of the coordinated administration of three school-based student health surveys in Nebraska, including the NRPFSS, the Youth Risk Behavior Survey (YRBS), and the Youth Tobacco Survey (YTS). The Nebraska SHARP Surveillance System is administered by the Nebraska Department of Health and Human Services and the Nebraska Department of Education through a contract with the Bureau of Sociological Research at the University of Nebraska-Lincoln. For more information on the Nebraska SHARP Surveillance System please visit <http://bosr.unl.edu/sharp>.

As a result of the creation of SHARP and its inclusion of the NRPFSS, the administration schedule shifted from the fall of odd calendar years to the fall of even calendar years. The first three administrations of the NRPFSS occurred during the fall of 2003, 2005, and 2007, while the fourth administration occurred during the fall of 2010, leaving a three-year gap (rather than the usual two-year gap) between the most recent administrations. The 2012, 2014, and 2016 administrations also occurred during the fall, as will future administrations, taking place during even calendar years (i.e., every two years).

The NRPFSS targets Nebraska students in grades 8, 10, and 12 with a goal of providing schools and communities with local-level data. As a result, the NRPFSS is implemented as a census survey, meaning that every public and non-public school with an eligible grade can choose to participate. Therefore data presented in this report are not to be considered a representative statewide sample. The survey is designed to assess adolescent substance use, delinquent behavior, and many of the risk and protective measures that predict adolescent problem behaviors. The NRPFSS is adapted from a national, scientifically-validated survey and contains information on risk and protective measures that are locally actionable. These risk and protective measures are also highly correlated with substance abuse as well as delinquency, teen pregnancy, school dropout, and violence. Along with other locally attainable sources of information, the information from the NRPFSS can aid schools and community groups in planning and implementing local prevention initiatives to improve the health and academic performance of their youth.

Table 1.1 provides information on the student participation rate for South Heartland District Health Department and the state as a whole. The participation rate represents the percentage of all eligible students who took the survey. If 60 percent or more of the students participated, the report is generally a good indicator of the levels of substance use, risk, protection, and delinquent behavior in South Heartland District Health Department. If fewer than 60.0 percent participated, a review of who participated should be completed prior to generalizing the results to your entire student population.

### 2016 NRPFSS Sponsored by:

The 2016 NRPFSS is sponsored by Grant #5U79SP020162-04 under the Strategic Prevention Framework Partnerships for Success Grant for the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention through the Nebraska Department of Health and Human Services Division of Behavioral Health.



The Bureau of Sociological Research (BOSR) at the University of Nebraska – Lincoln (UNL) collected the NRPFSS data for this administration as well as the 2010, 2012, and 2014 administrations. As part of BOSR’s commitment to high quality data, BOSR is a member of the American Association of Public Opinion Researchers (AAPOR) Transparency Initiative. As part of this initiative, BOSR pledges to provide certain methodological information whenever data are collected. This information as it relates to the NRPFSS is available on BOSR’s website ([www.bosr.unl.edu/sharp](http://www.bosr.unl.edu/sharp)).

**Table 1.1. Survey Participation Rates, 2016**

	South Heartland District Health Department 2016			State 2016		
	Number Participated	Number Enrolled	Percent Participated	Number Participated	Number Enrolled	Percent Participated
<b>Grade</b>						
8th	450	575	78.3%	10803	25792	41.9%
10th	385	554	69.5%	9580	25029	38.3%
12th	415	621	66.8%	8327	25541	32.6%
<b>Total</b>	1250	1750	71.4%	28710	76362	37.6%

*Note. The grade-specific participation rates presented within this table consist of the number of students who completed the NRPFSS divided by the total number of students enrolled within the participating schools. For schools that were also selected to participate in the YRBS or YTS, the participation rate may be adjusted if students were only allowed to participate in one survey. In these cases, the number of students who completed the NRPFSS is divided by the total number of students enrolled that were not eligible to participate in the YRBS or YTS.*

Again, the goal of the NRPFSS is to collect school district and community-level data and not to collect representative state data. However, state data provide insight into the levels of substance use, risk, protection, and delinquent behavior among all students in Nebraska. In 2016, 37.6 percent of the eligible Nebraska students in grades 8, 10, and 12 participated in the NRPFSS.

The 2016 participation rate for the state as a whole remains lower than the 60.0 percent level recommended for representing students statewide, so the state-level results should be interpreted with some caution. Failure to obtain a high participation rate statewide is, in part, due to low levels of participation within Douglas and Sarpy Counties, which combined had a 17.2% participation rate in 2016 compared to 51.3% for the remainder of the state.

Table 1.2 provides an overview of the characteristics of the students who completed the 2016 survey within South Heartland District Health Department and the state overall.

Table 1.2. Participant Characteristics, 2016

	South Heartland District Health Department 2016		State 2016	
	n	%	n	%
<b>Total students</b>	1253		28940	
<b>Grade</b>				
8th	450	35.9%	10803	37.3%
10th	385	30.7%	9580	33.1%
12th	415	33.1%	8327	28.8%
Unknown	3	0.2%	230	0.8%
<b>Gender</b>				
Male	633	50.5%	14737	50.9%
Female	619	49.4%	14129	48.8%
Unknown	1	0.1%	74	0.3%
<b>Race/Ethnicity</b>				
Hispanic*	195	15.6%	4702	16.2%
African American	29	2.3%	953	3.3%
Asian	20	1.6%	587	2.0%
American Indian	18	1.4%	783	2.7%
Pacific Islander	2	0.2%	88	0.3%
Alaska Native	1	0.1%	35	0.1%
White	971	77.5%	21376	73.9%
Other	13	1.0%	341	1.2%
Unknown	4	0.3%	75	0.3%

Notes. \*Hispanic can be of any race. In columns, n=number or frequency and %=percentage of distribution.

## Overview of Report Contents

The report is divided into the following three sections: (1) substance use; (2) violence, bullying, and mental health; and (3) feelings and experiences at home, school, and in the community. Within each section, highlights of the 2016 survey data for South Heartland District Health Department are presented along with state and national estimates, when available.

When there are less than 10 survey respondents for a particular grade, their responses are not presented in order to protect the confidentiality of individual student participants. However, those respondents are included in regional- and state-level results. Furthermore, if a grade level has 10 or more respondents but an individual question or sub-group presented in this report has less than 10 respondents then results for the individual item or sub-group are not reported.

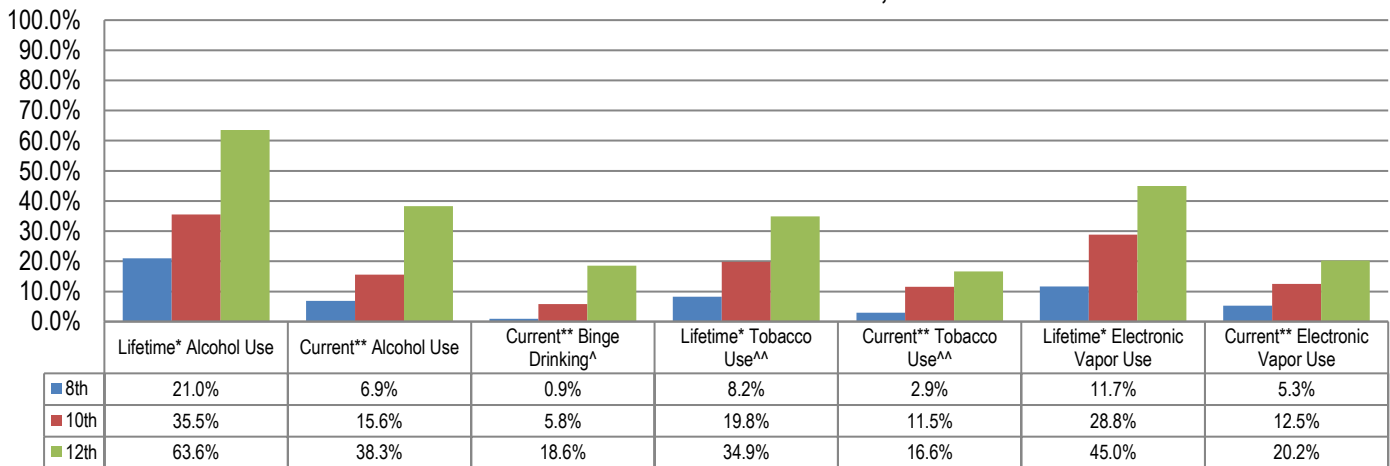
A number of honesty measures were also created to remove students who may not have given the most honest answers. These measures included reporting use of a fictitious drug, using a substance during the past 30 days but not in one's lifetime, answering that the student was not at all honest when filling out the survey, and providing an age and grade combination that are highly unlikely. Students whose answers were in question for any one of these reasons were excluded from reporting. For South Heartland District Health Department, 41 students met these criteria.

**Substance Use**

This section contains information on the use of alcohol, tobacco, and other drugs among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students in Nebraska. In addition, there is information on the sources and places of use, attitudes and perceptions, sources for help with problems, and awareness of prevention messages. To provide greater context for the results from South Heartland District Health Department, overall state and national results are presented when available. As discussed earlier, the state results are not to be considered a representative statewide sample. The national data source is the Monitoring the Future survey, administered by the Institute for Social Research at the University of Michigan and sponsored by the National Institute on Drug Abuse and National Institutes of Health.

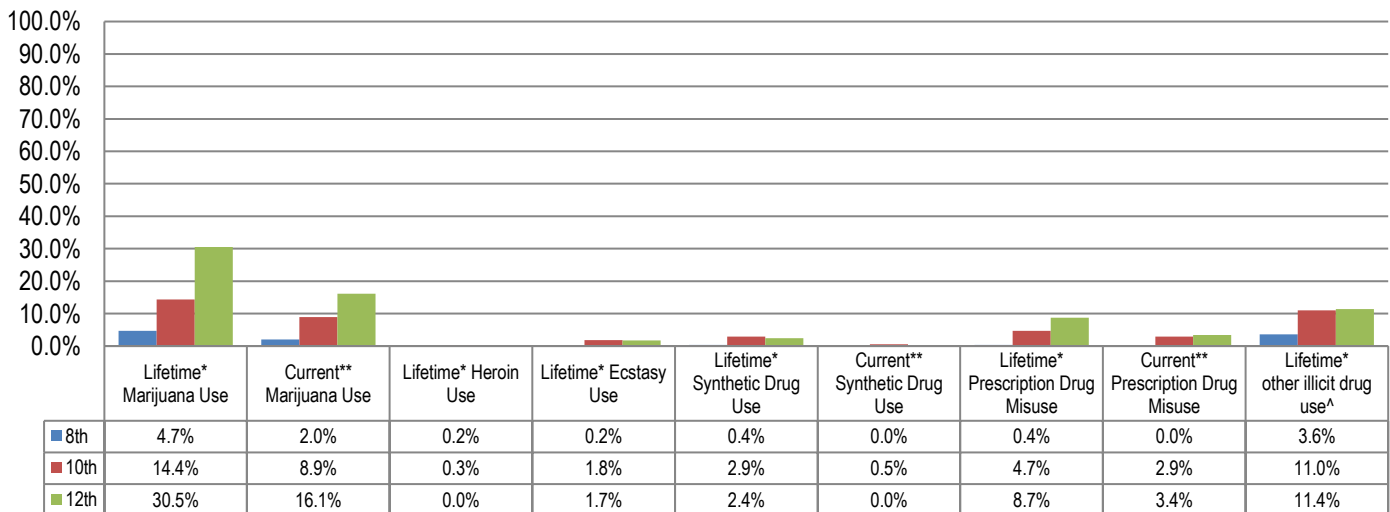
**Substance Use**

**Substance Use: Alcohol and Tobacco, 2016**



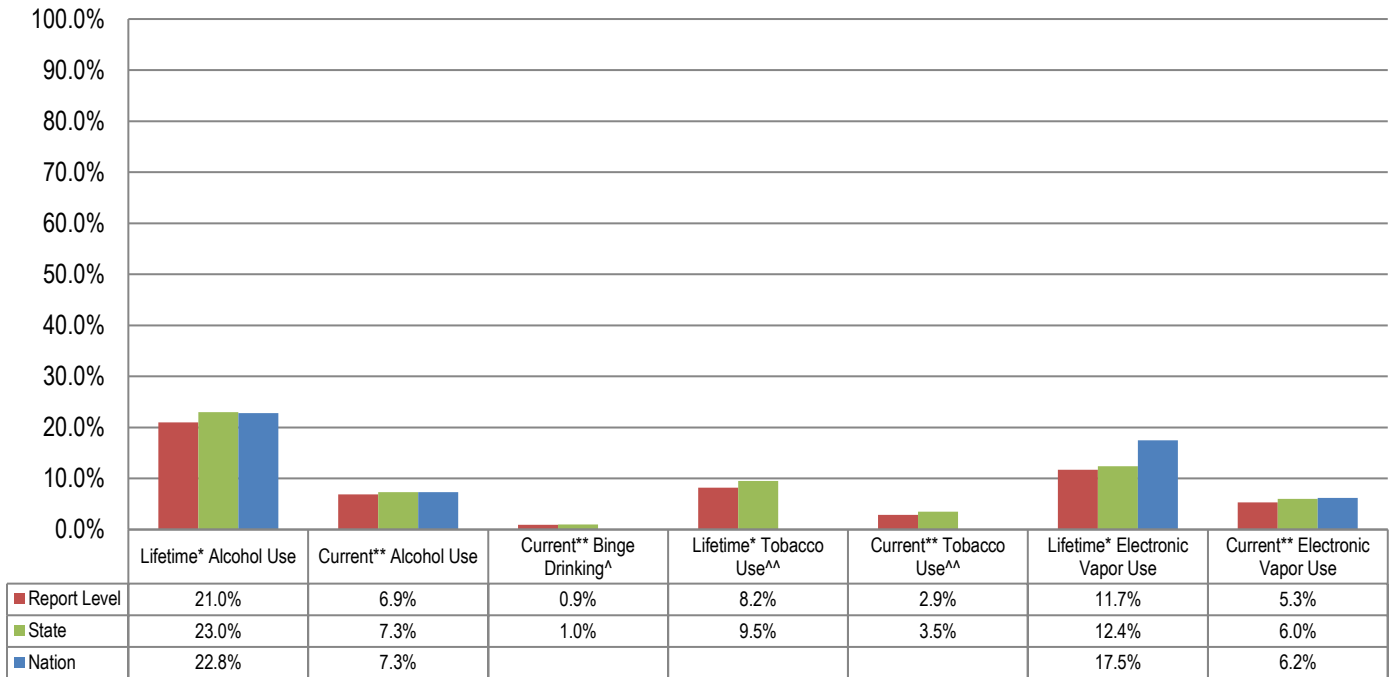
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. <sup>A</sup>Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. <sup>^^</sup>Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.

**Substance Use: Other Drugs, 2016**



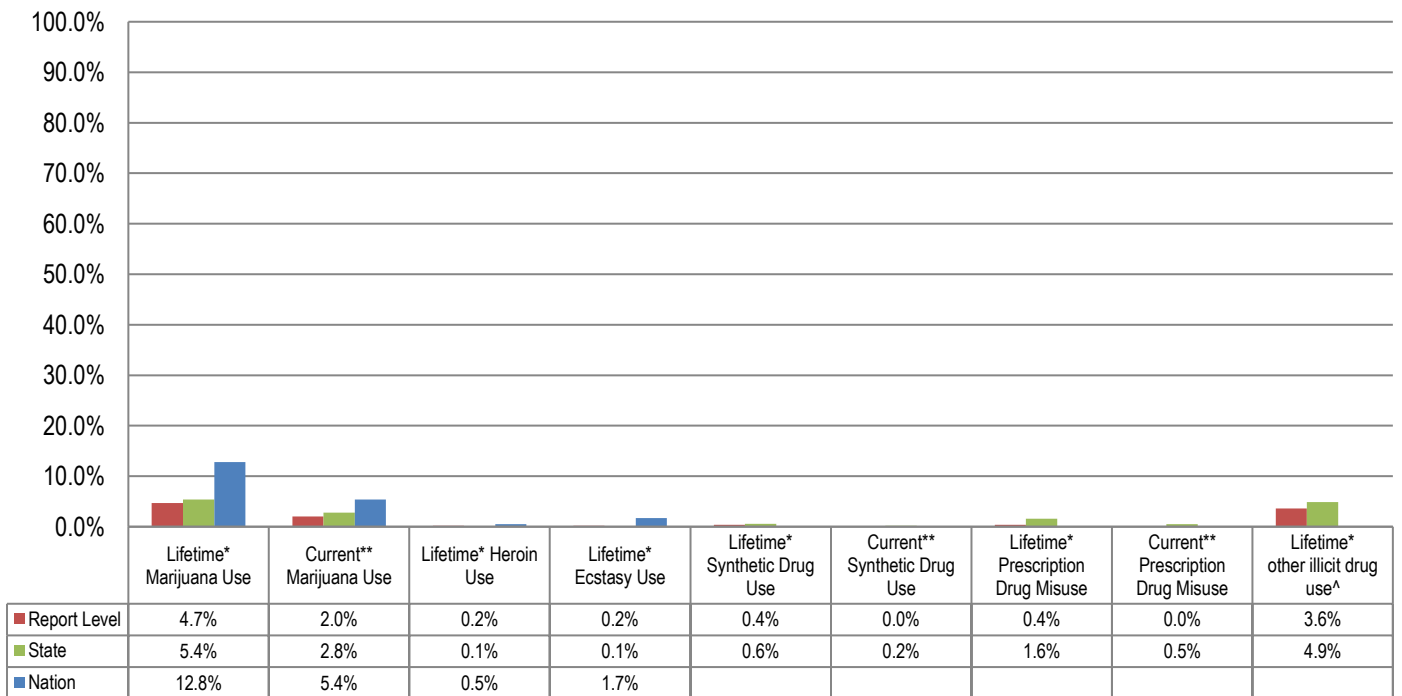
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. <sup>A</sup>Other illicit drugs includes LSD or other psychedelics, cocaine/crack, meth, inhalants, steroids, other performance-enhancing drugs, and non-prescription over the counter drugs. Results by these drugs can be found in Appendix A.

### 8th Grade Substance Use: Alcohol and Tobacco, 2016



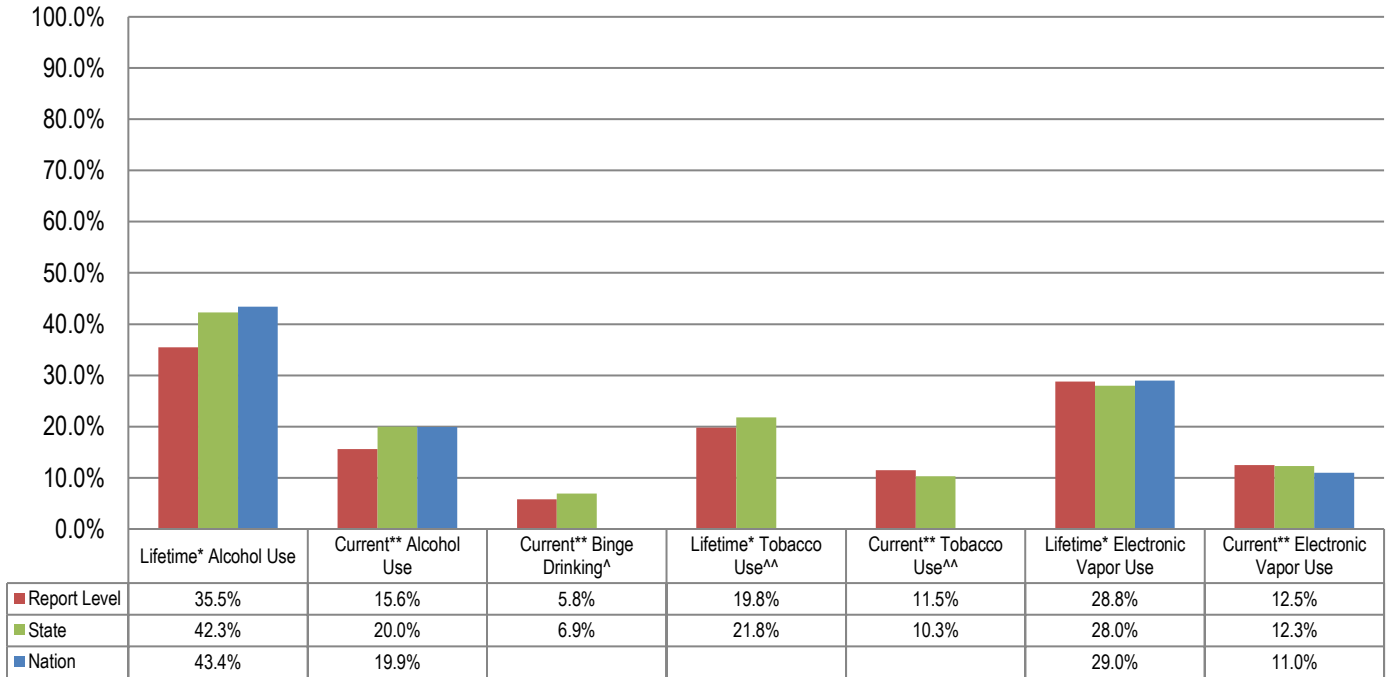
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.

### 8th Grade Substance Use: Other Drugs, 2016



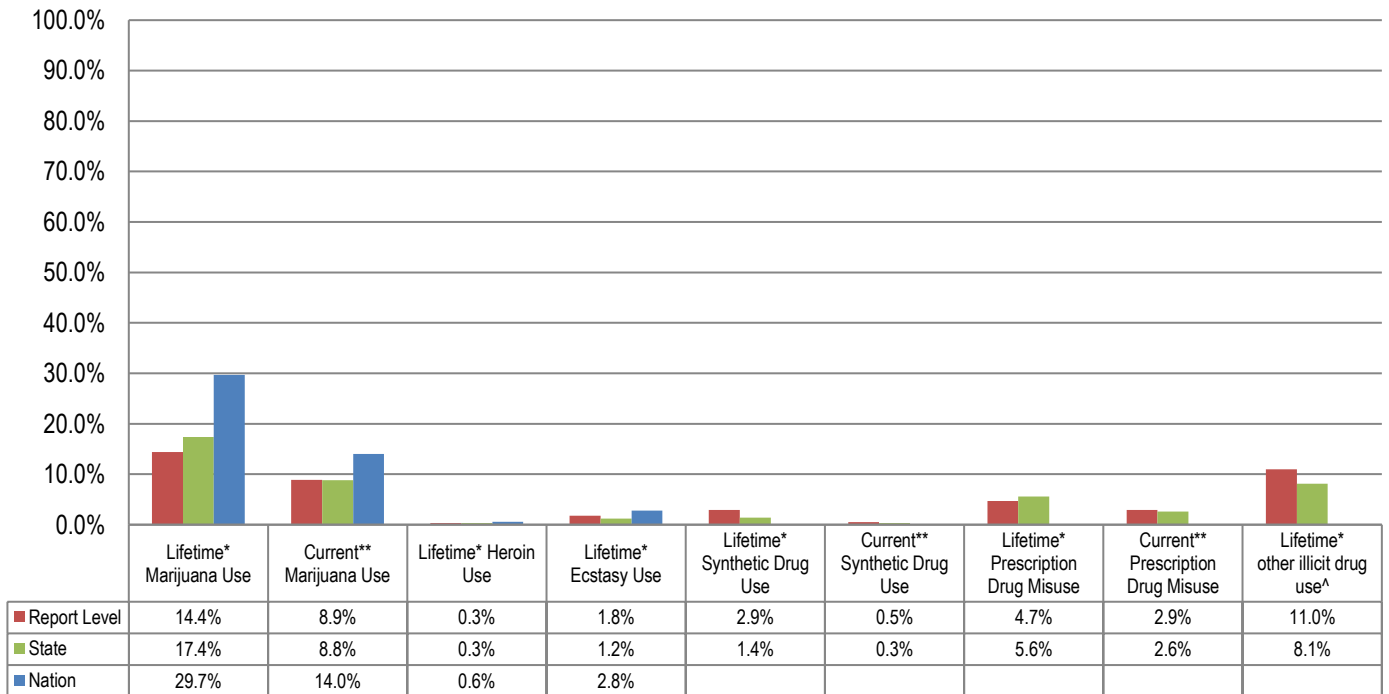
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. ^Other illicit drugs includes LSD or other psychedelics, cocaine/crack, meth, inhalants, steroids, other performance-enhancing drugs, and non-prescription over the counter drugs. Results by these drugs can be found in Appendix A.

### 10th Grade Substance Use: Alcohol and Tobacco, 2016



Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.

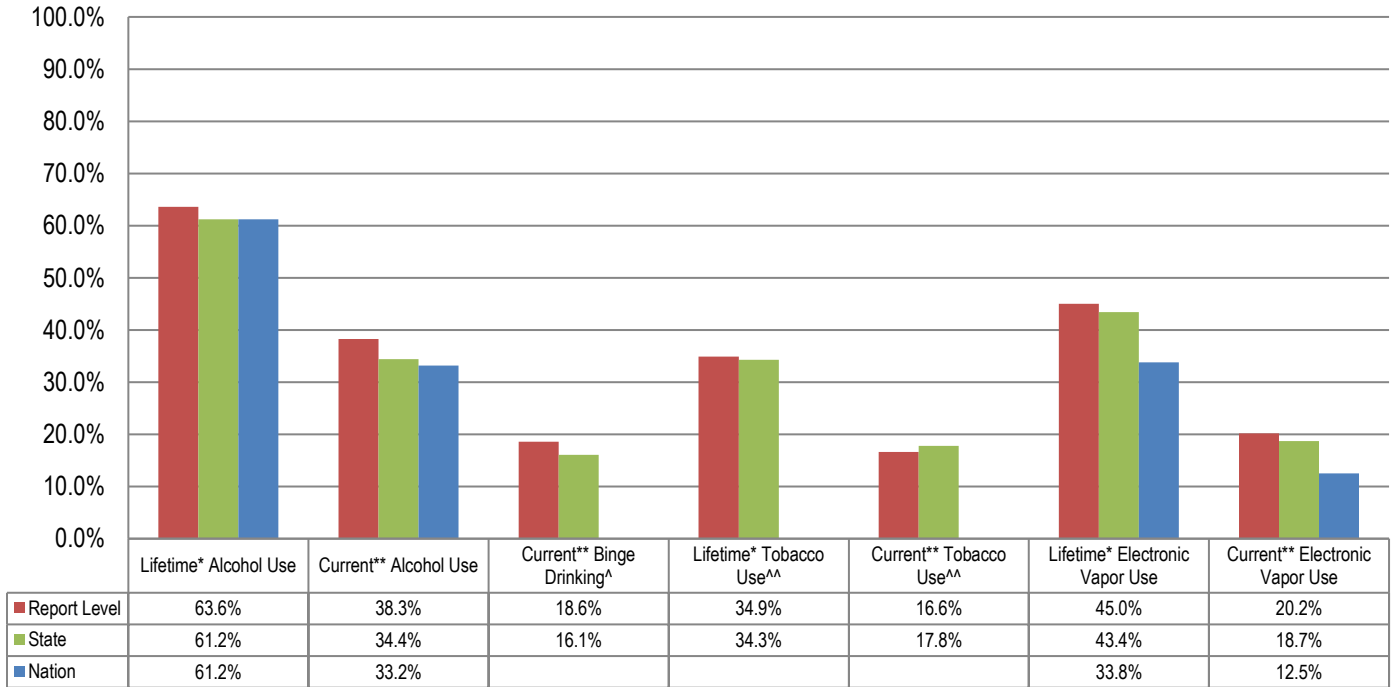
### 10th Grade Substance Use: Other Drugs, 2016



Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. ^Other illicit drugs includes LSD or other psychedelics, cocaine/crack, meth, inhalants, steroids, other performance-enhancing drugs, and non-prescription over the counter drugs. Results by these drugs can be found in Appendix A.

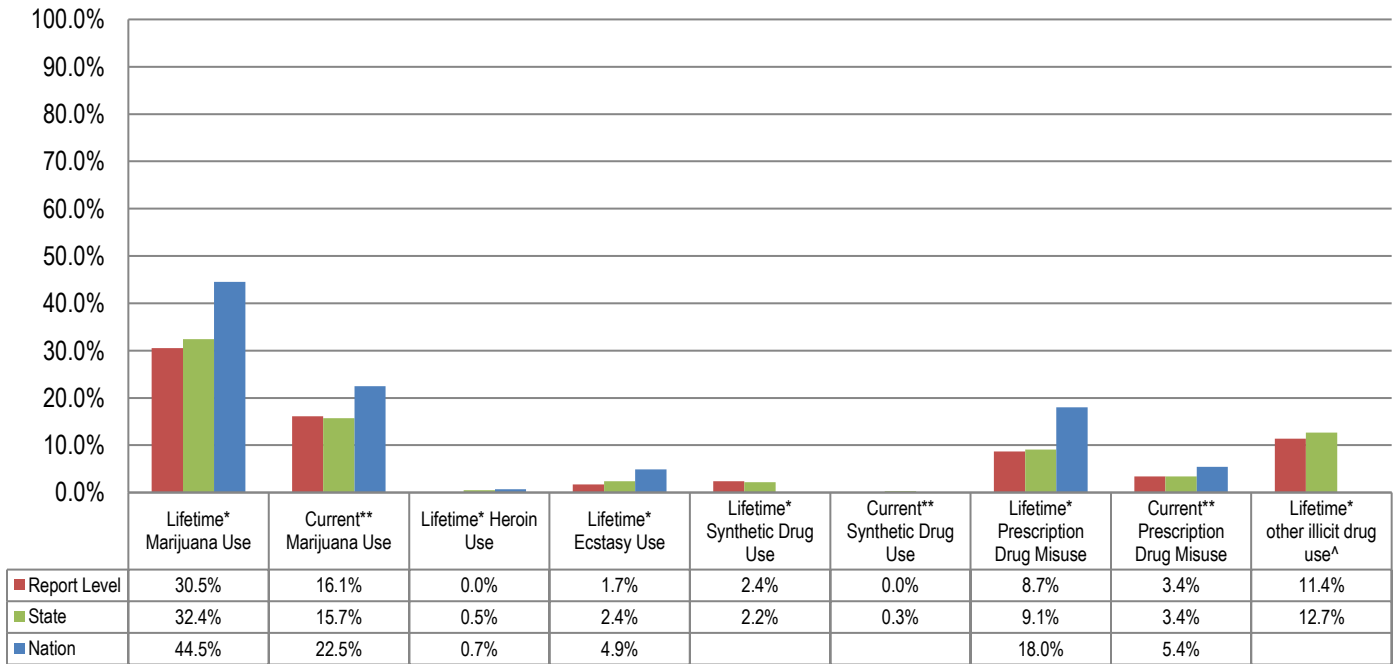


12th Grade Substance Use: Alcohol and Tobacco, 2016



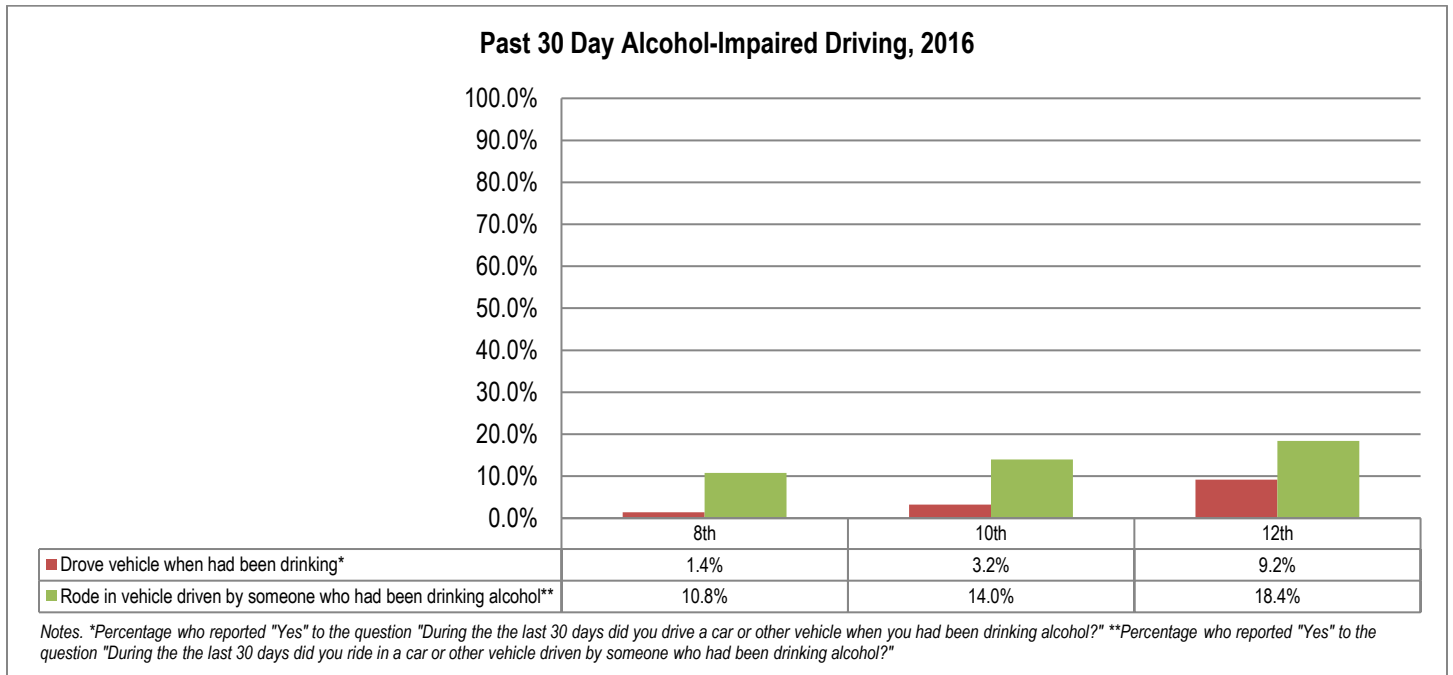
Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco use includes cigarettes and smokeless tobacco. Individual results for each can be found in Appendix A.

12th Grade Substance Use: Other Drugs, 2016

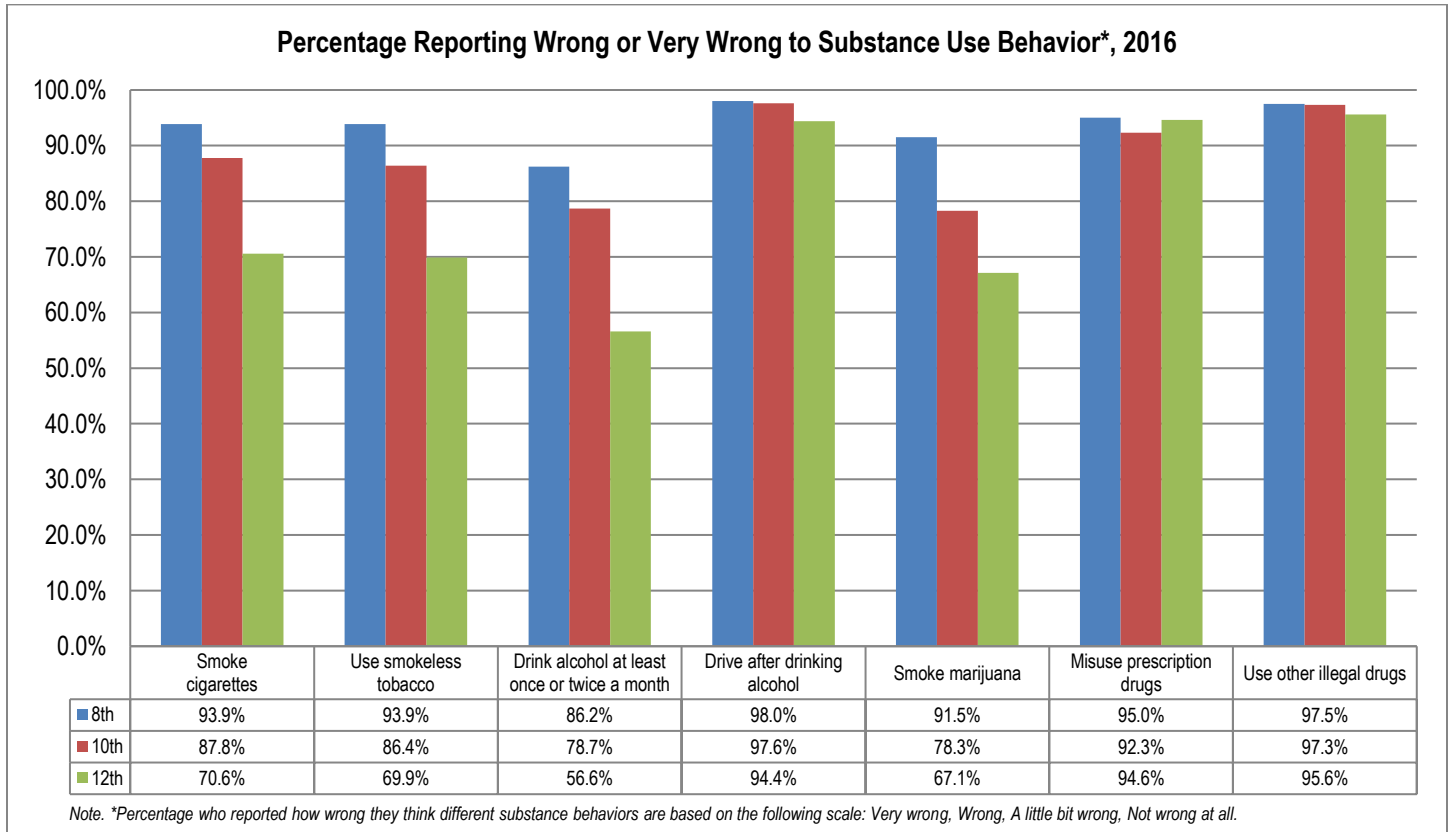


Notes. \*Percentage who reported using the named substance one or more times in his or her lifetime. \*\*Percentage who reported using the named substance one or more times during the past 30 days. ^Other illicit drugs includes LSD or other psychedelics, cocaine/crack, meth, inhalants, steroids, other performance-enhancing drugs, and non-prescription over the counter drugs. Results by these drugs can be found in Appendix A.

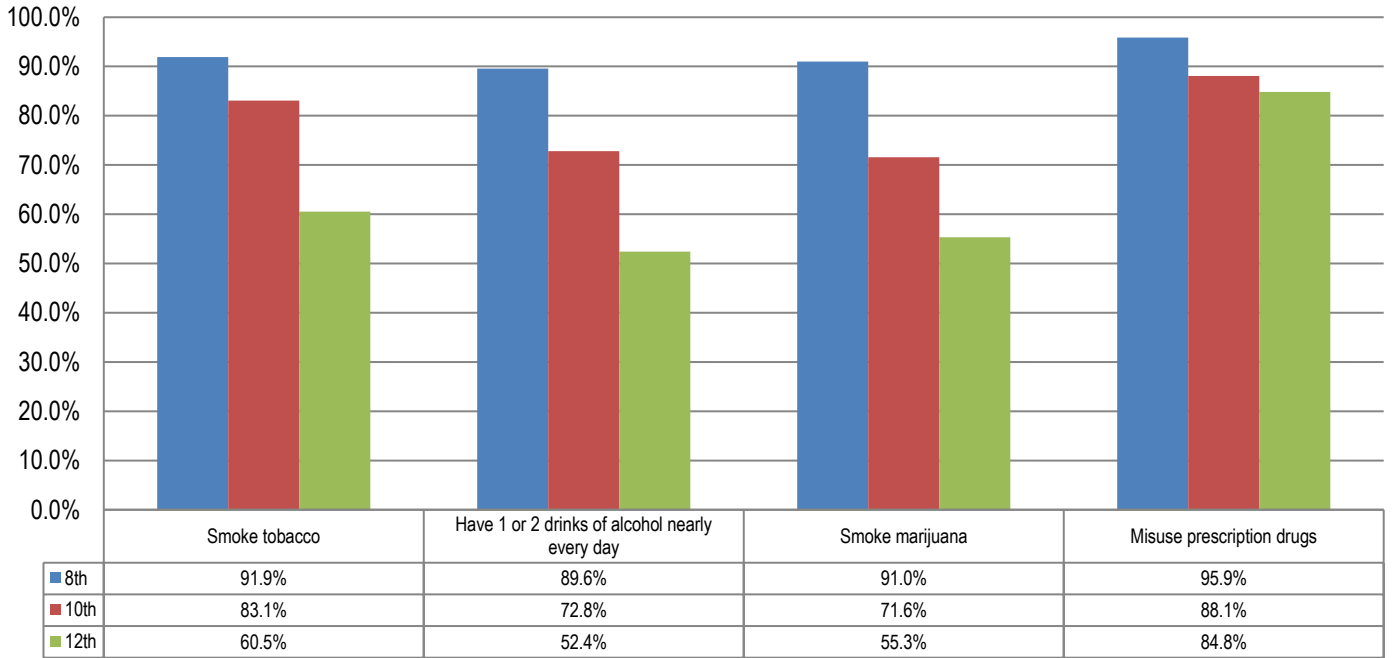
Past 30 Day Alcohol-Impaired Driving



Attitudes toward Substance Use

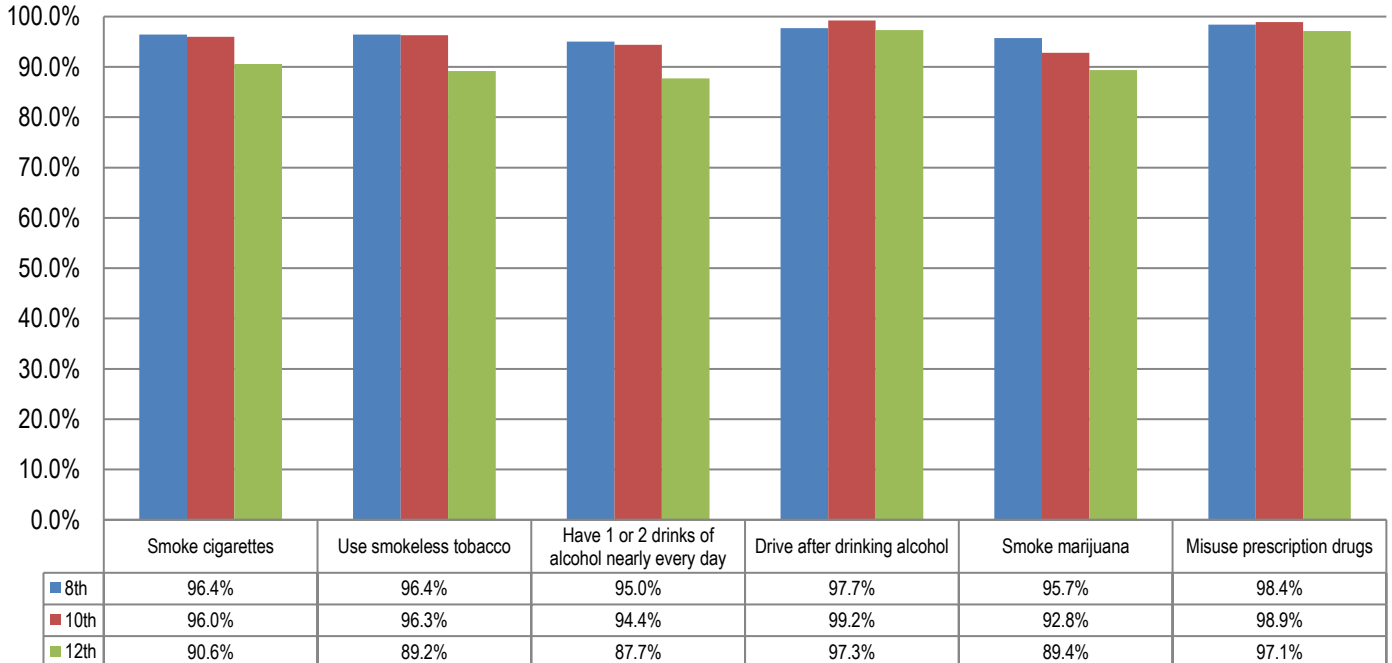


Percentage Reporting Peer Wrong or Very Wrong to Substance Use Behavior\*, 2016



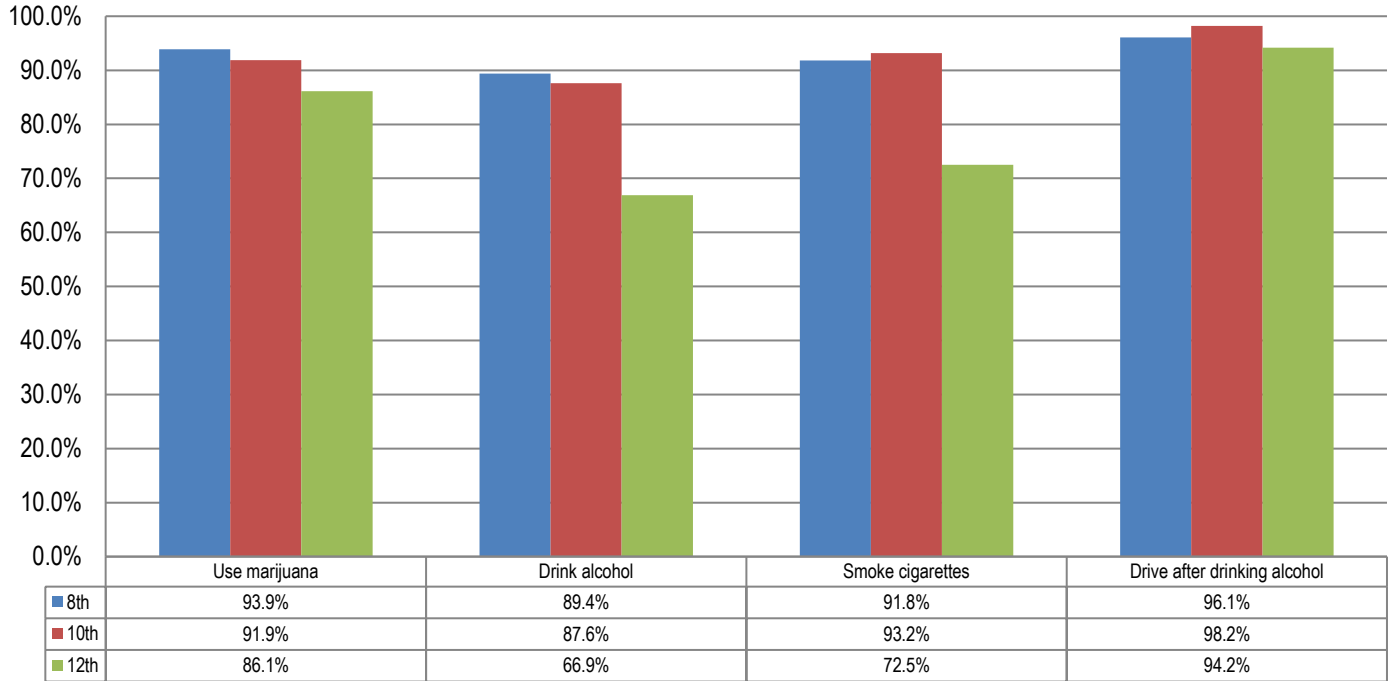
Note. \*Percentage who reported how wrong their friends would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

Percentage Reporting Parent Wrong or Very Wrong to Substance Use Behavior\*, 2016



Note. \*Percentage who reported how wrong their parents would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

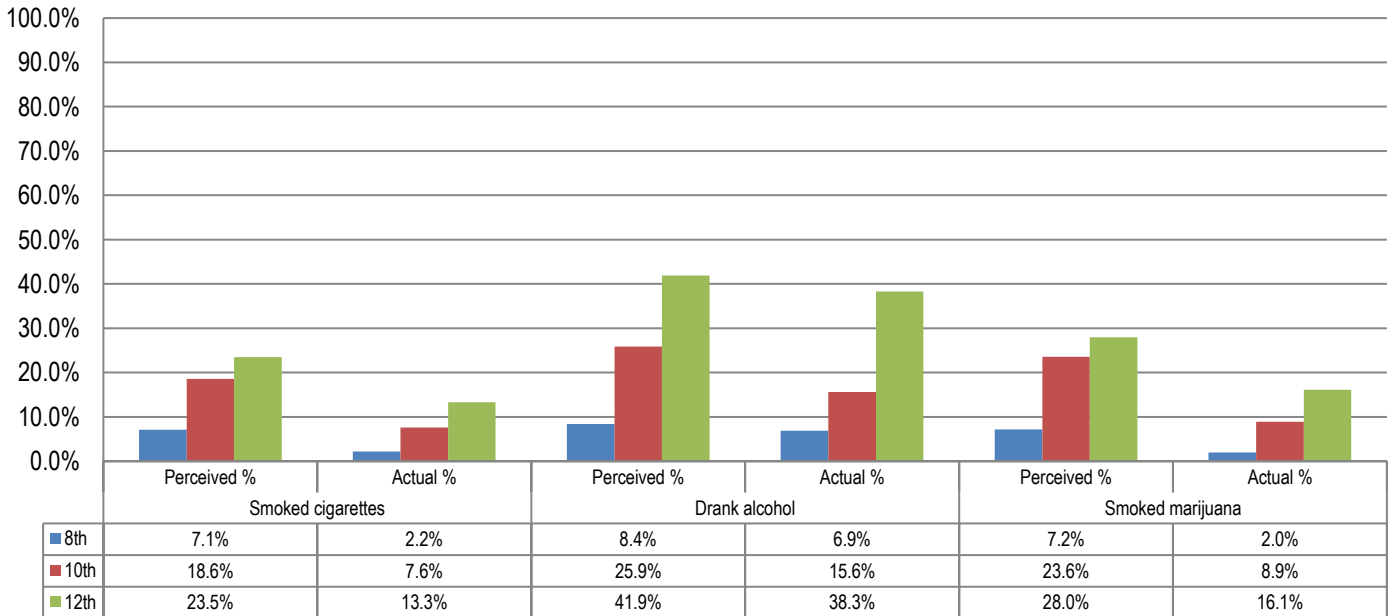
Percentage Reporting Adults in Neighborhood Wrong or Very Wrong to Substance Use Behavior\*, 2016



Note. \*Percentage who reported how wrong adults in their neighborhood would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

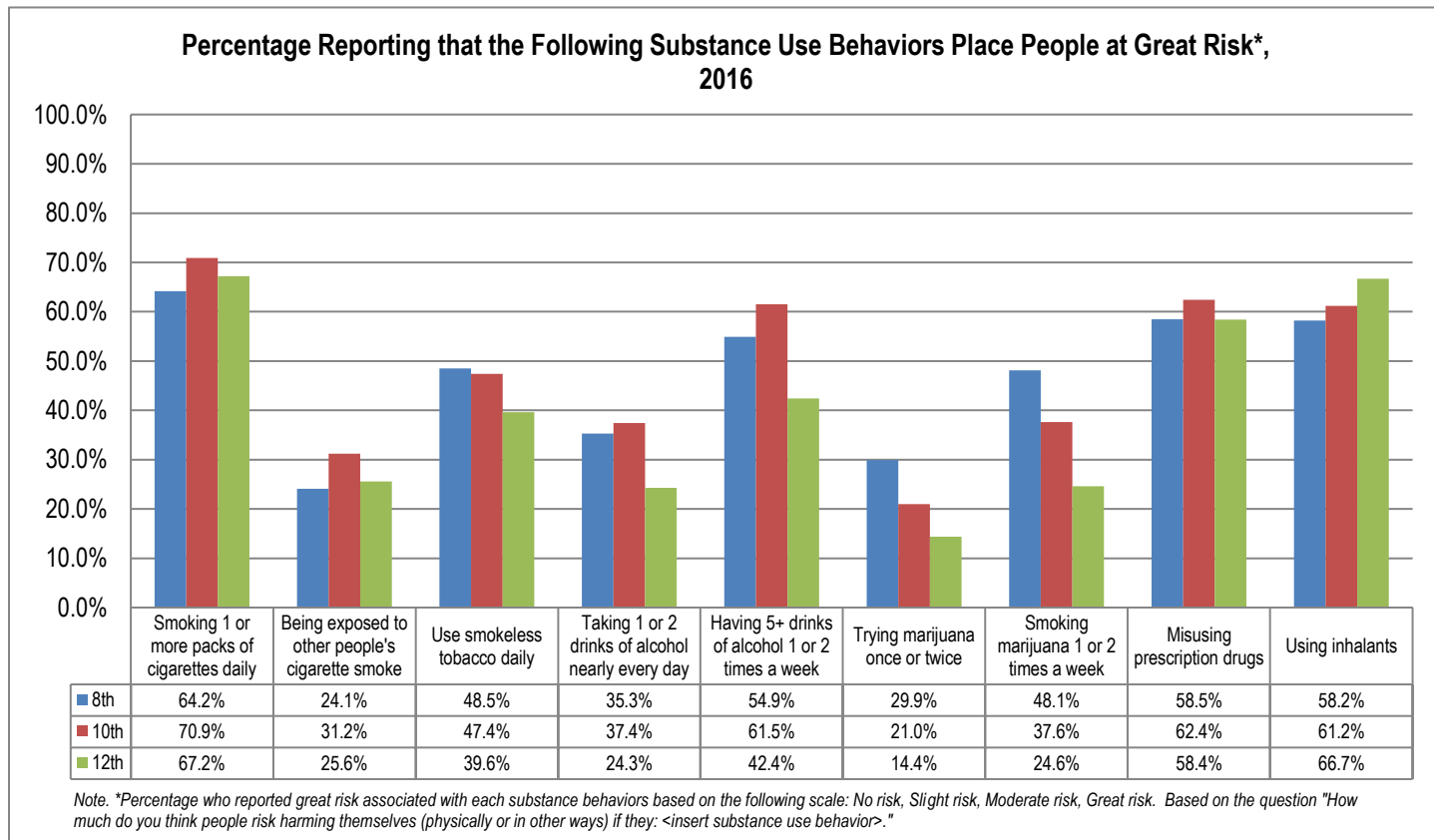
Perceived and Actual Substance Use during the Past 30 Days

Perceived\* and Actual Past 30 Day Substance Use, 2016

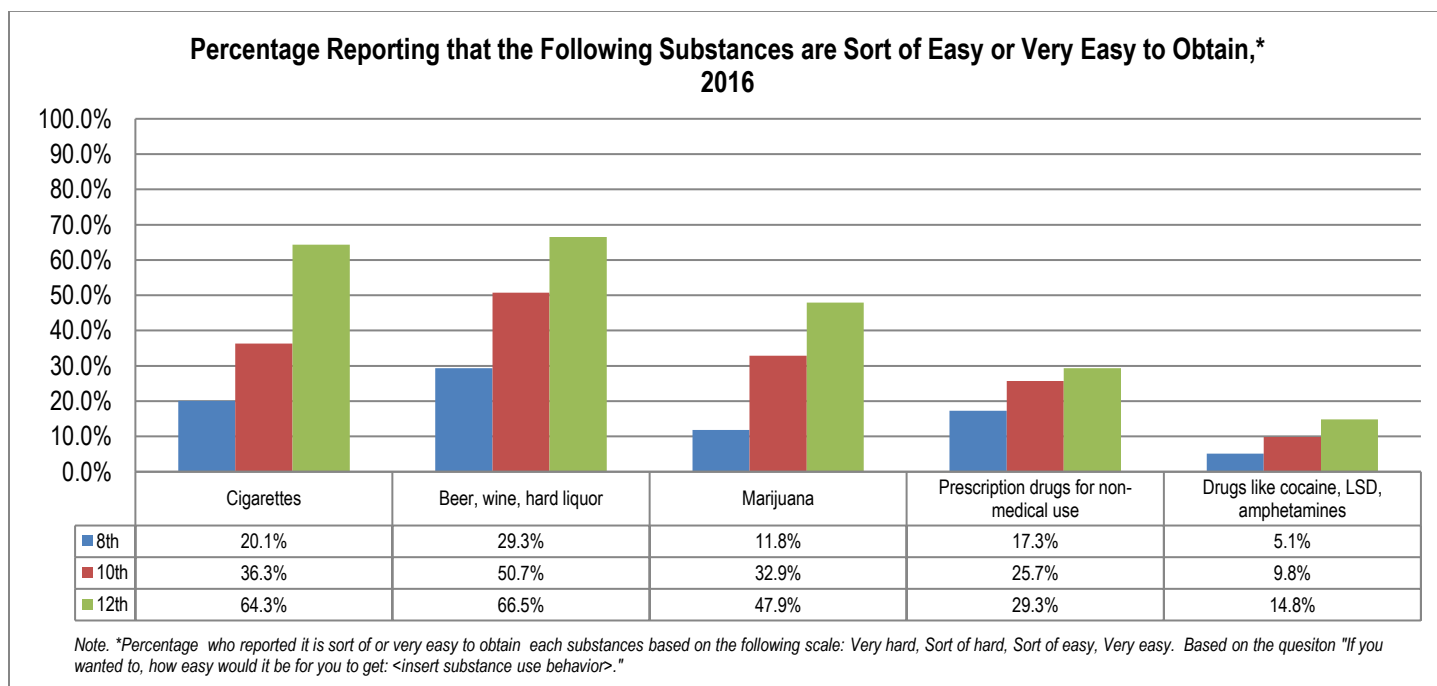


Note. \*Perception based on following question: "Now thinking about all the students in your grade at your school. How many of them do you think: <insert substance use behavior> during the past 30 days?"

Perceived Risk from Substance Use

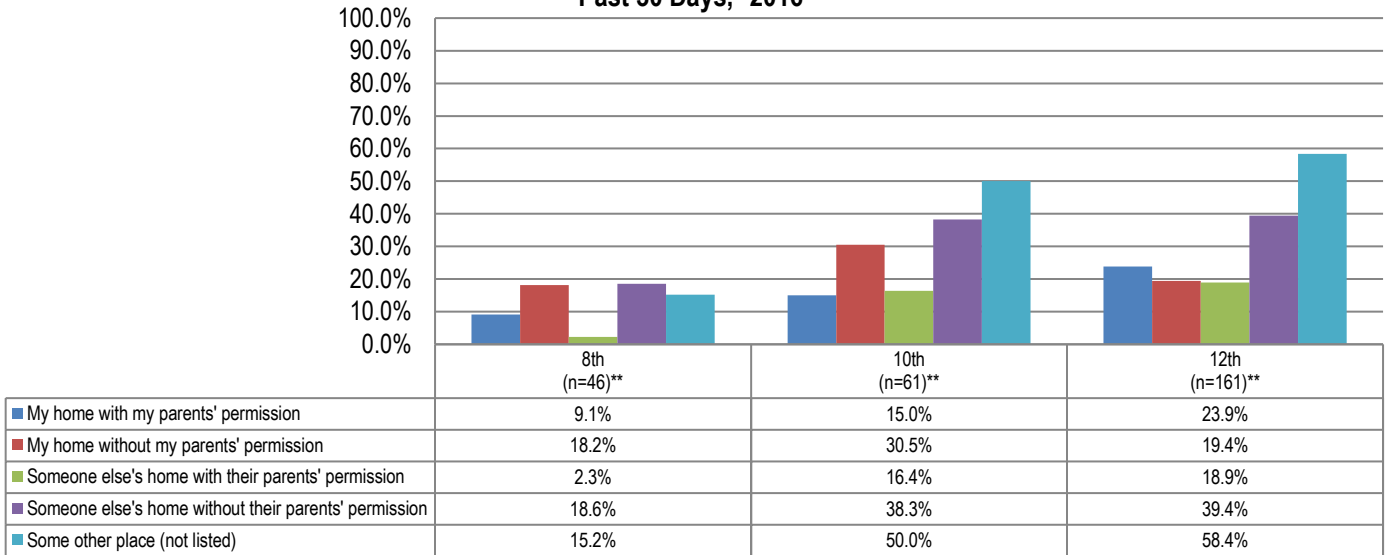


Perceived Availability of Substances



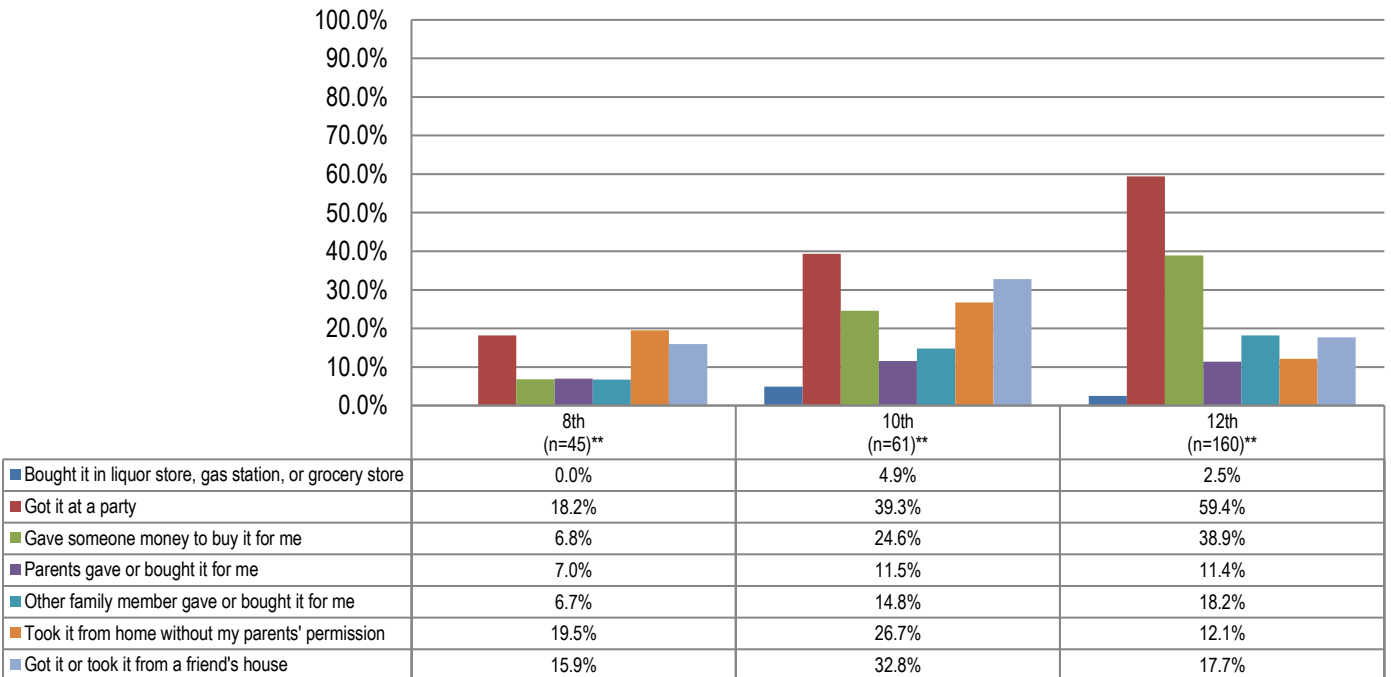
Places and Sources of Substance Use during the Past 30 Days

Places of Alcohol Use during the Past 30 Days, among Students who Reported Drinking during the Past 30 Days, \* 2016



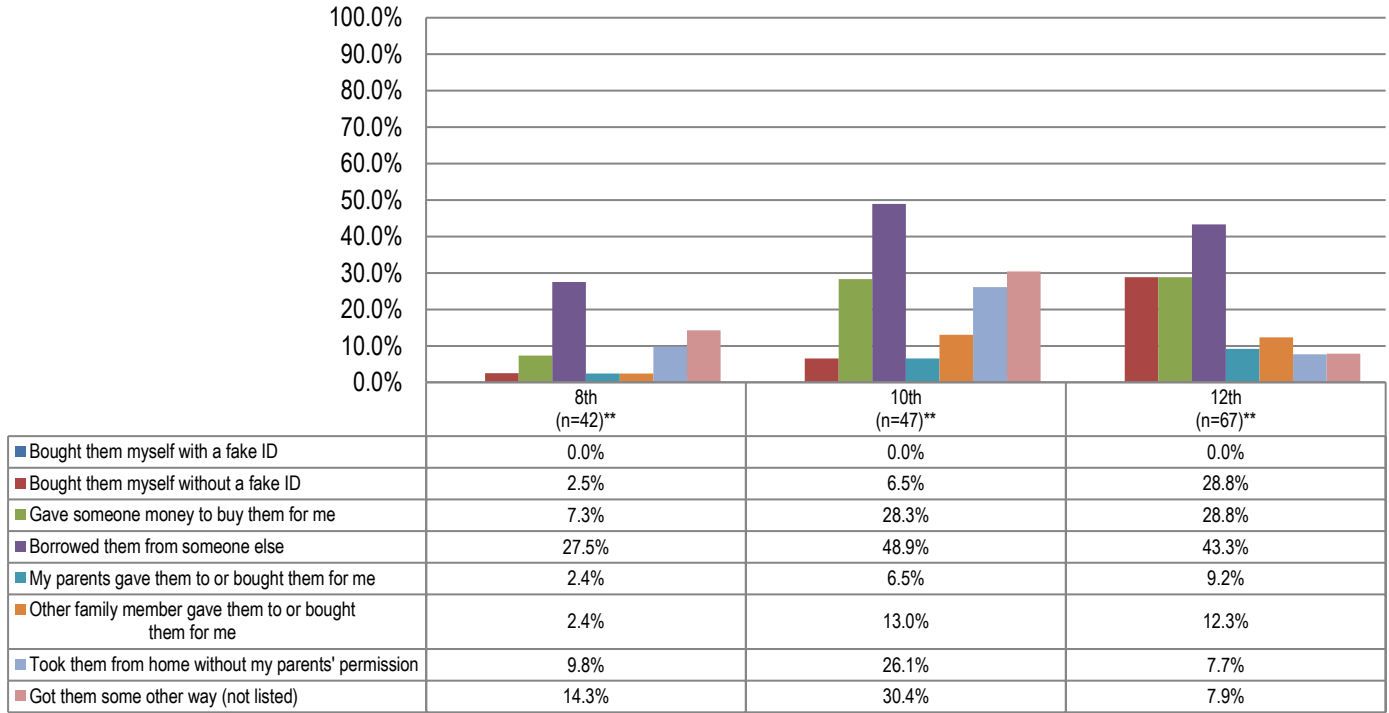
Notes. \*Among past 30 day alcohol users, the percentage who reported using alcohol in each manner during the past 30 days. \*\*The n-size displayed is the largest n-size across these questions. Because each place is asked individually, the n-size may vary across places.

Sources for Obtaining Alcohol during the Past 30 Days, among Students who Reported Drinking during the Past 30 Days, \* 2016



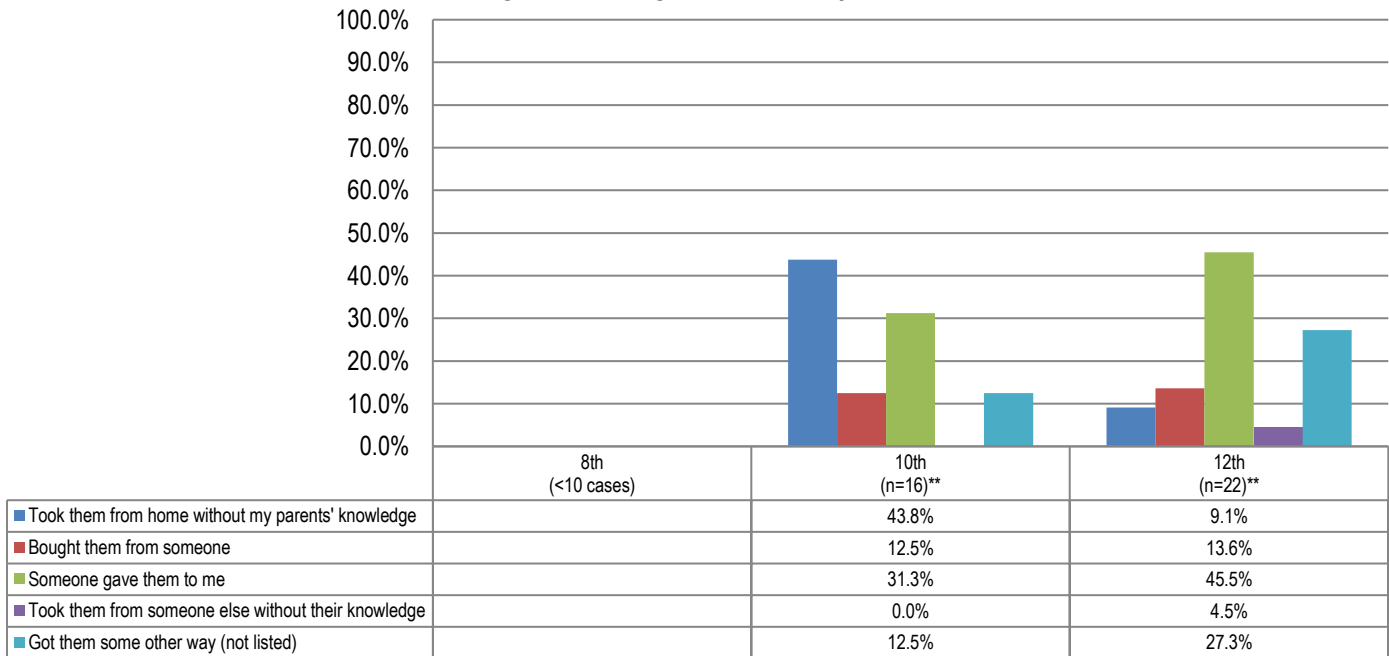
Notes. \*Among past 30 day alcohol users, the percentage who reported obtaining alcohol in each manner during the past 30 days. \*\*The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources.

**Sources for Obtaining Cigarettes during the Past 30 Days, among Students who Reported Smoking during the Past 30 Days,\* 2016**



Notes. \*Among past 30 day cigarette users, the percentage who reported obtaining cigarettes in each manner during the past 30 days. These scores may include students 18 and older.\*\*The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources.

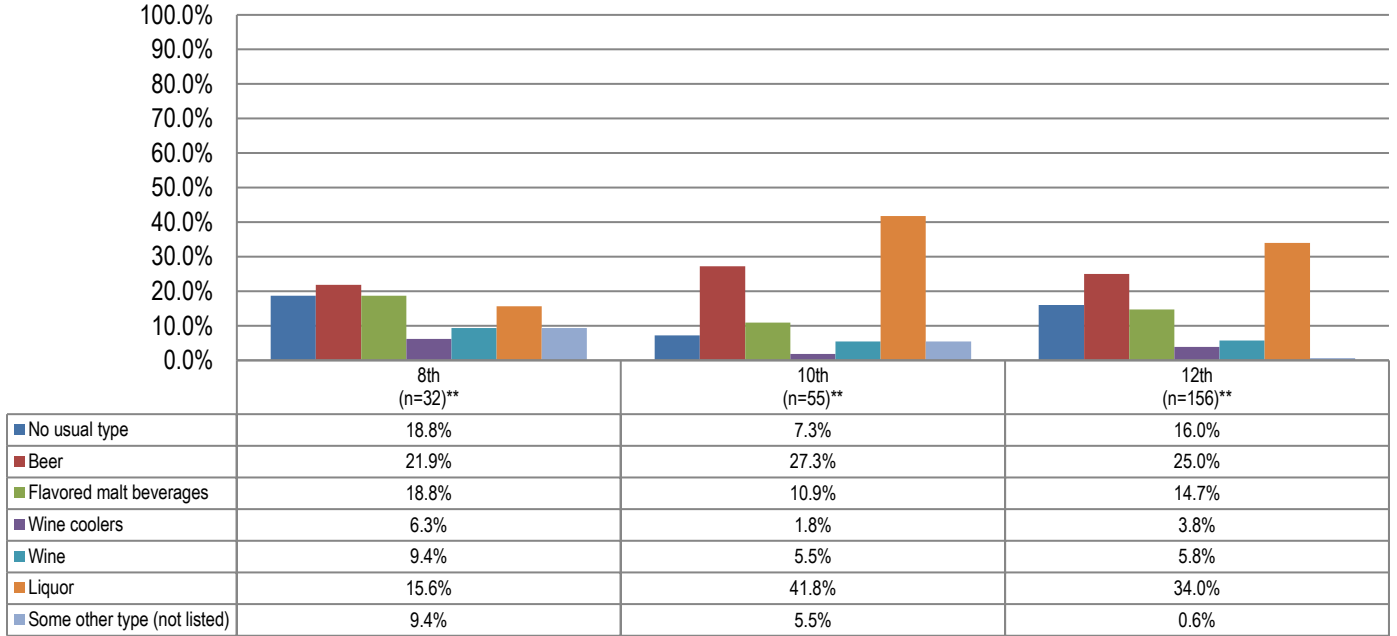
**Sources for Obtaining Prescription Drugs during the Past 30 Days, among Students who Reported Using Them during the Past 30 Days,\* 2016**



Notes. \*Among past 30 day prescription drug users, the usual manner they used for obtaining prescription drugs during the past 30 days. \*\*The n-size displayed is the same for all sources given that the manner for obtaining prescription drugs is asked as one question.

Types of Alcohol Used Among Those Who Used Alcohol during the Past 30 Days

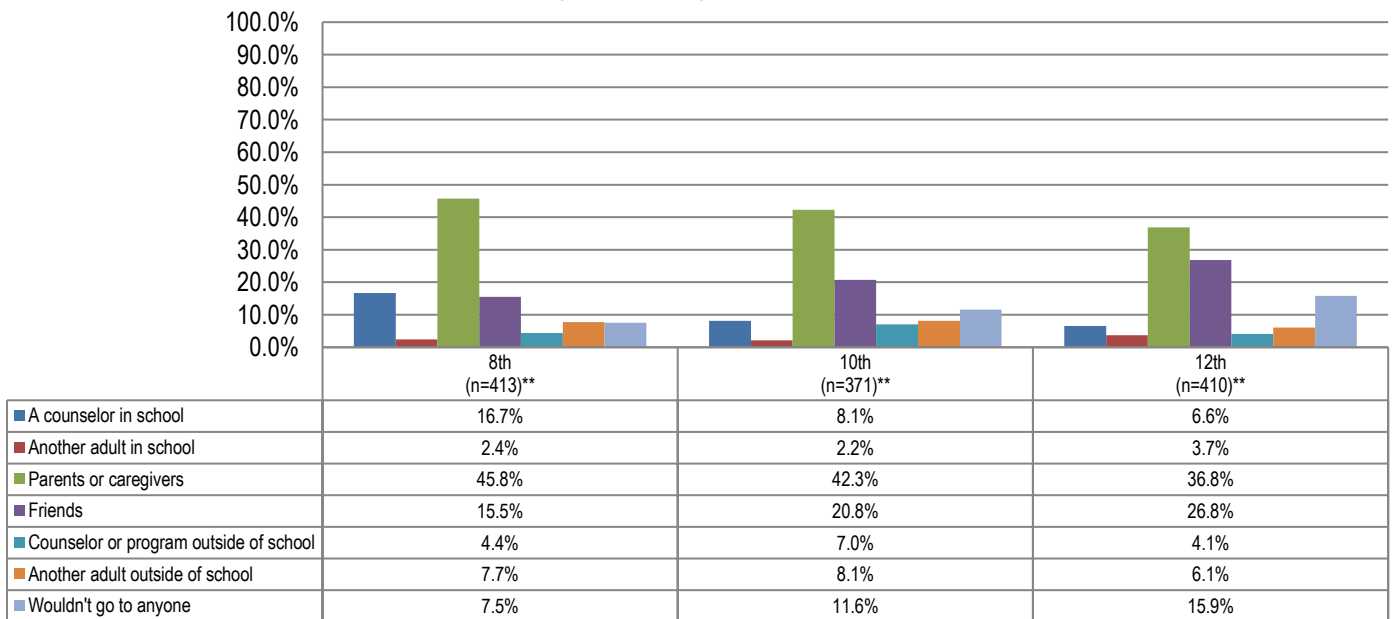
Type of Alcohol Usually Consumed during the Past 30 Days, among Students who Drank Alcohol during the Past 30 Days,\* 2016



Notes. \*Among past 30 day alcohol users, the type of alcohol that they usually drank during the past 30 days. \*\*The n-size displayed is the same for all types given that type of alcohol usually consumed is asked as one question.

Sources for Help with Drug or Alcohol Problem

First Person to go to for Drug or Alcohol Problem\*, 2016

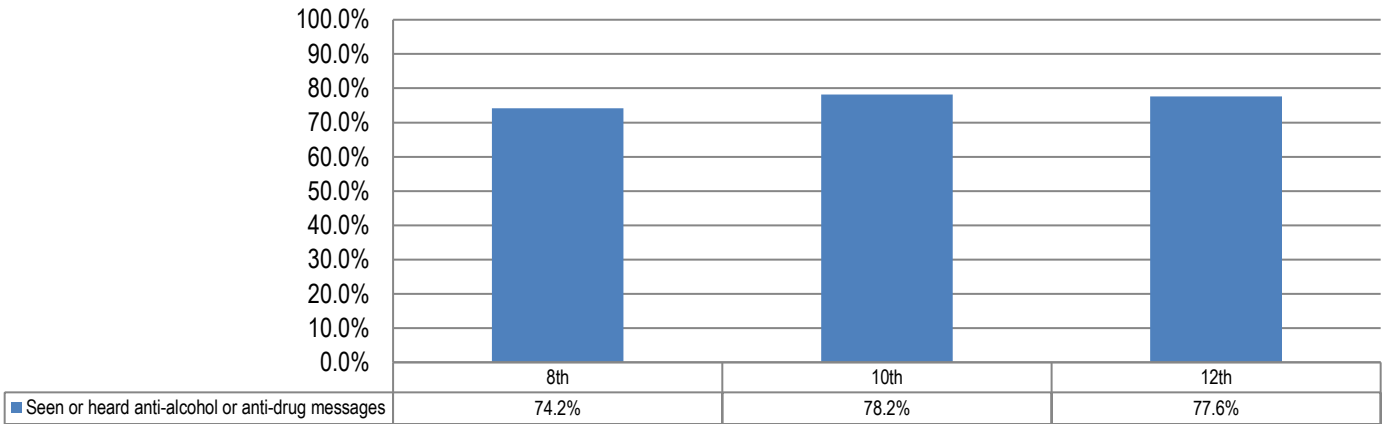


Notes. \*Based on the question "If you had a drug or alcohol problem and needed help, who is the first person you would go to?" \*\*The n-size displayed is the same for all sources given that source of help for a drug or alcohol problem is asked as one question.



Anti-Alcohol and Anti-Drug Message Awareness

Percentage Reporting Seeing or Hearing Anti-Alcohol or Anti-Drug Messages during the Past 12 Months\*, 2016



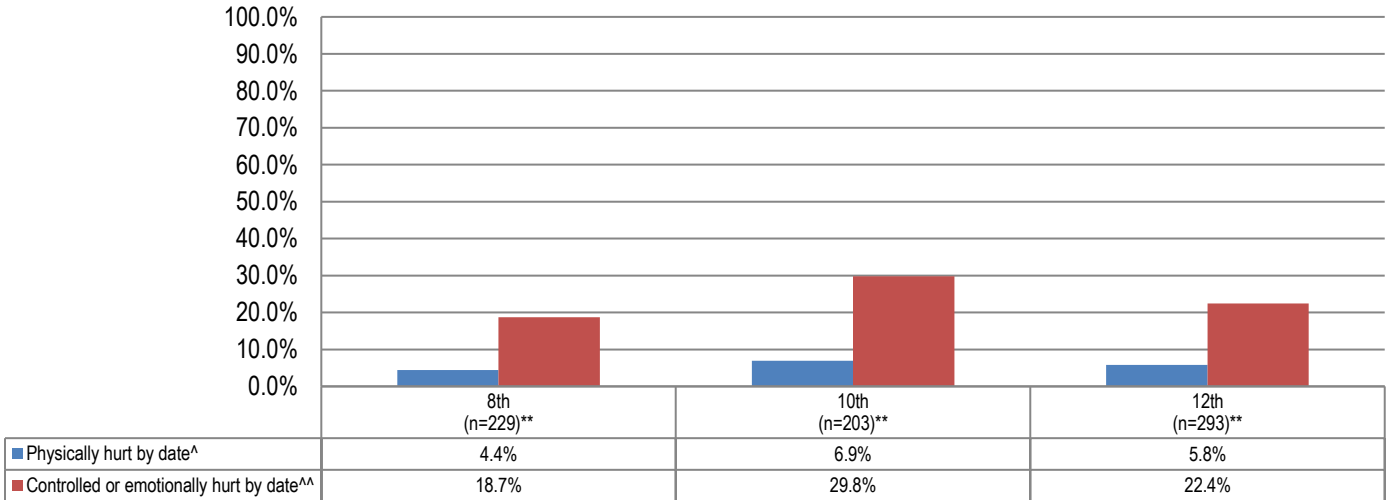
Notes: \*Percentage who reported "Yes" to the question "In the past 12 months, have you seen or heard any anti-alcohol or anti-drug messages on TV, the internet, the radio, or in newspapers or magazines?"

## Violence, Bullying, and Mental Health

This section contains information on dating violence, bullying, anxiety, depression, and suicide among 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students in Nebraska. In addition, there is information on sources for help with depression and suicide ideation and attitudes toward the future.

### Dating Violence during the Past 12 Months

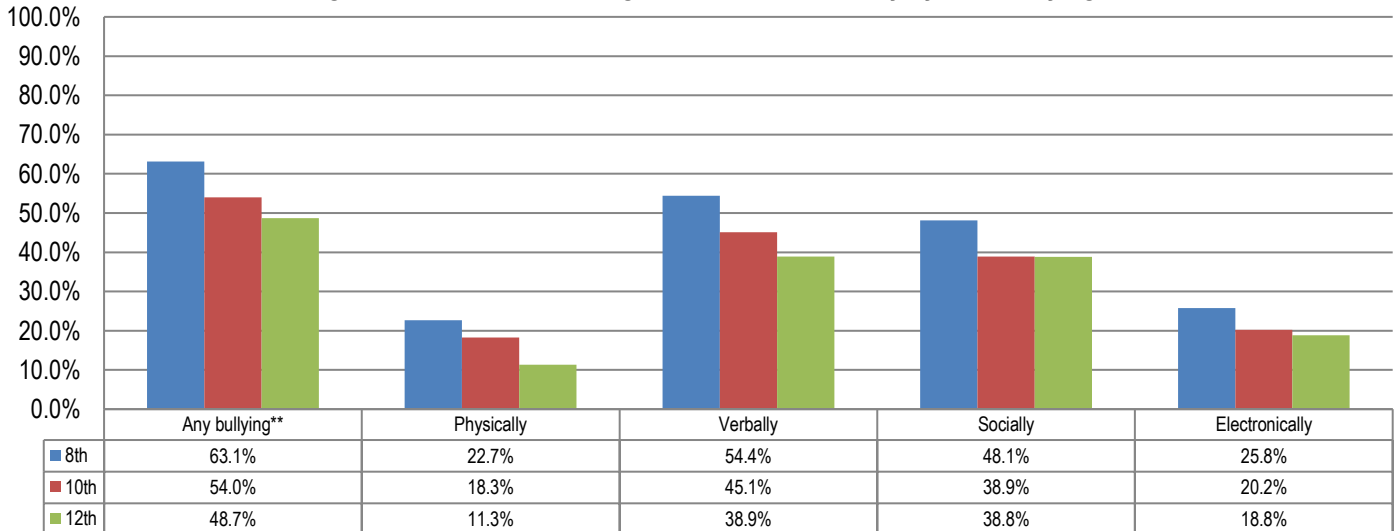
Percentage Reporting Dating Violence, among Students who Reported Dating during the Past 12 Months, by Type of Dating Violence\*, 2016



Notes. <sup>A</sup>Among students that dated or went out with anyone during the past 12 months, the percentage who reported experiencing each type of dating violence. <sup>AA</sup>Percentage who reported "Yes" to the question "During the past 12 months, did someone you were dating or going out with physically hurt you on purpose?" <sup>AB</sup>Percentage who reported one or more occurrences of being purposely controlled or emotional hurt by someone they were dating or going out with during the past 12 months. <sup>AC</sup>The n-size displayed is the largest n-size across these questions. Because each type is asked individually, the n-size may vary across types.

### Bullying during the Past 12 Months

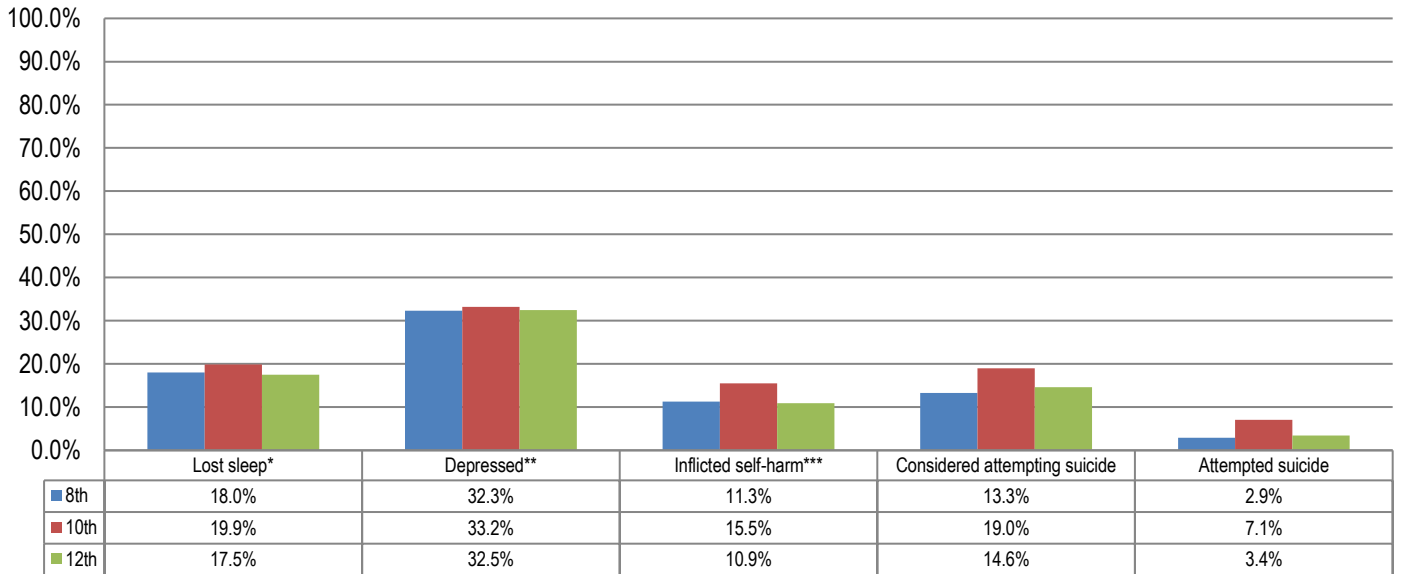
Percentage that were Bullied during the Past 12 Months, by Type of Bullying,\* 2016



Note. <sup>A</sup>Percentage who reported one or more occurrences of each type of bullying. <sup>B</sup>Percentage of students who reported one or more occurrences of one or more of these types of bullying.

**Anxiety, Depression, and Suicide during the Past 12 Months**

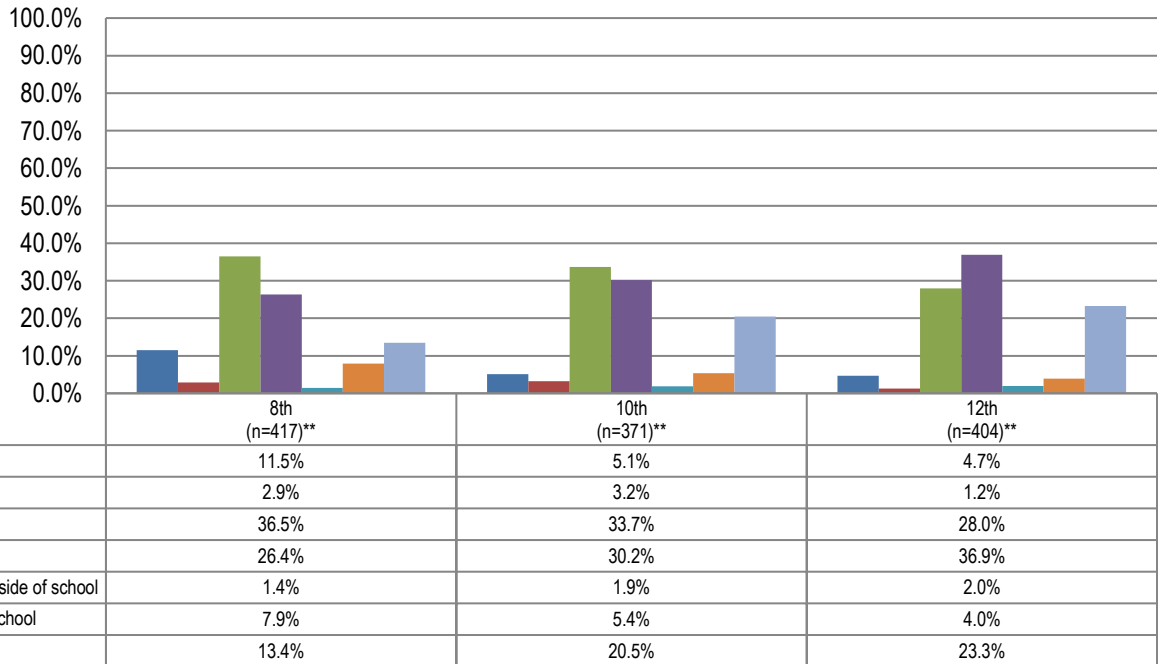
**Percentage Reporting Anxiety, Depression, and Suicide during the Past 12 Months, 2016**



Notes. \*Percentage who reported during the past 12 months being so worried about something they could not sleep well at night most of the time or always based on the following scale: Never, Rarely, Sometimes, Most of the time, Always. \*\*Percentage who reported "Yes" to the question "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" \*\*\*Percentage who reported "Yes" to the question "During the past 12 months, did you hurt or injure yourself on purpose without wanting to die?"

**Sources for Help if Depressed or Suicidal**

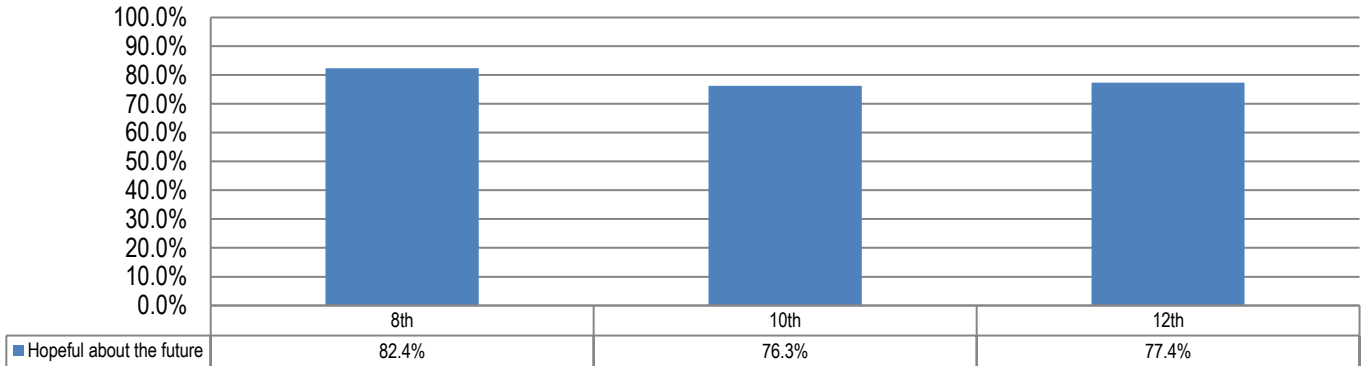
**First Person to go to if Depressed or Suicidal\*, 2016**



Notes. \*Based on the question "If you were depressed or felt suicidal, who is the first person you would go to for help?" \*\*The n-size displayed is the same for all sources given that source of help is asked as one question.

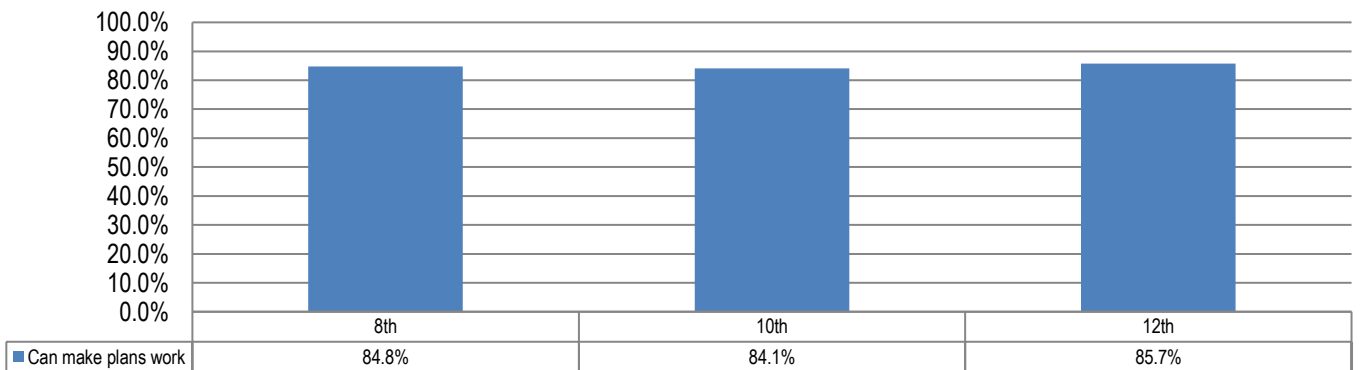
Attitudes toward the Future

Percentage Reporting they were Hopeful About the Future during the Past Week\*, 2016



Notes: \*Percentage who reported they "Agree" or "Strongly agree" to the question "In the past week, I have felt hopeful about the future." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.

Percentage Reporting they Can Make Plans Work\*, 2016

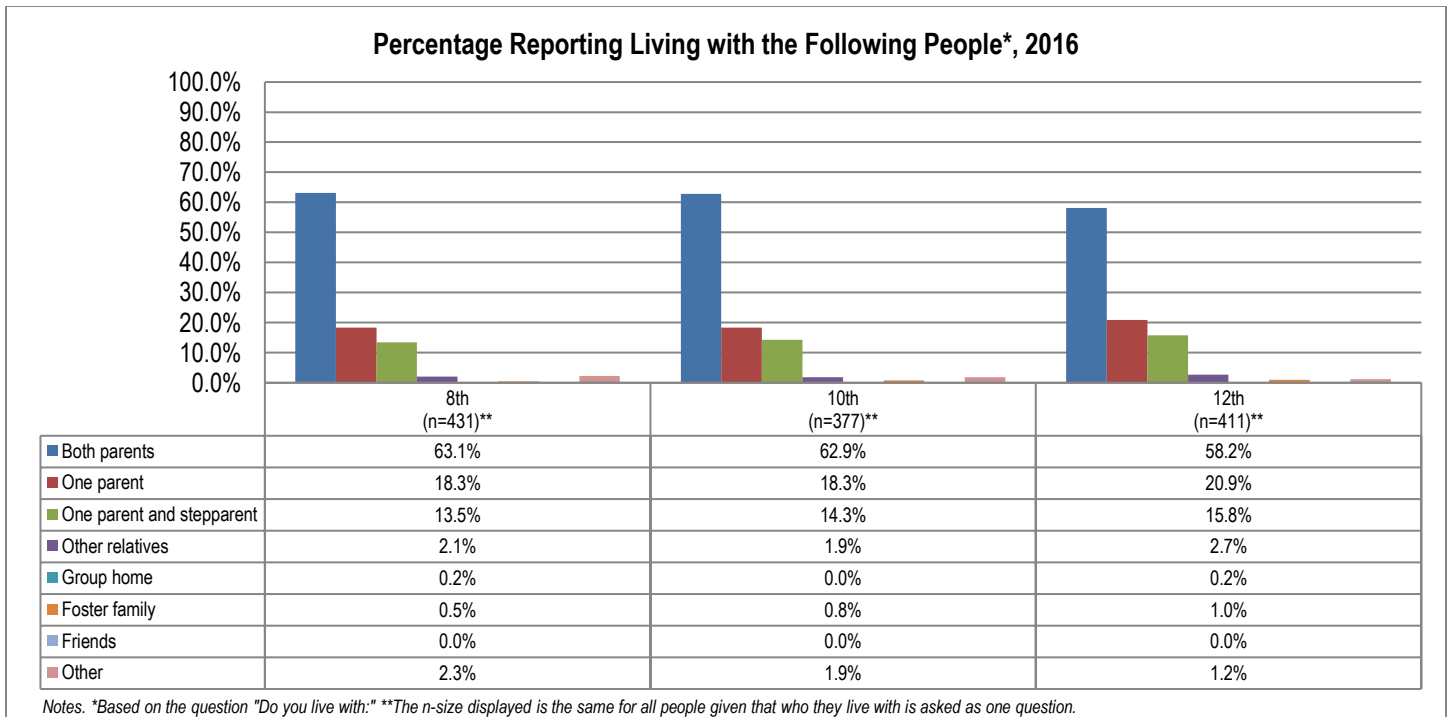
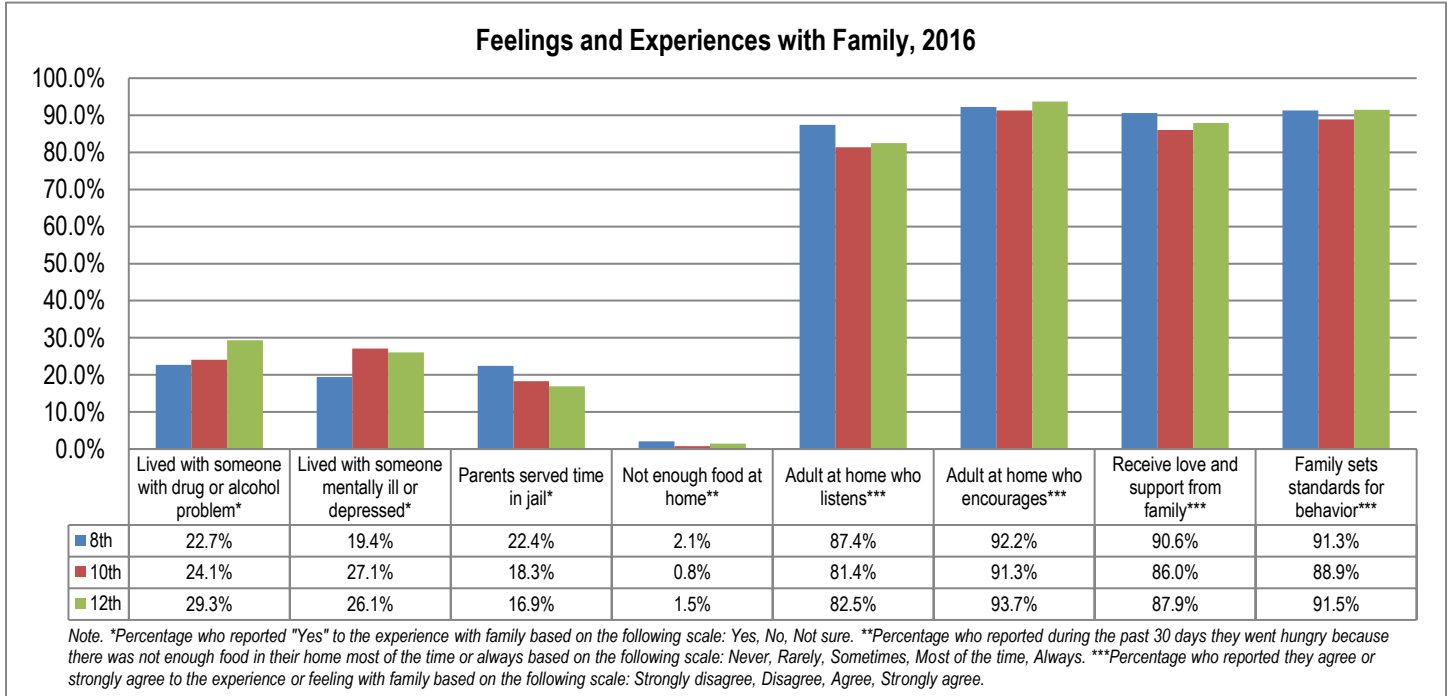


Notes: \*Percentage who reported they "Agree" or "Strongly agree" to the question "When I make plans, I am almost certain that I can make them work." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.

**Feelings and Experiences at Home, School, and in the Community**

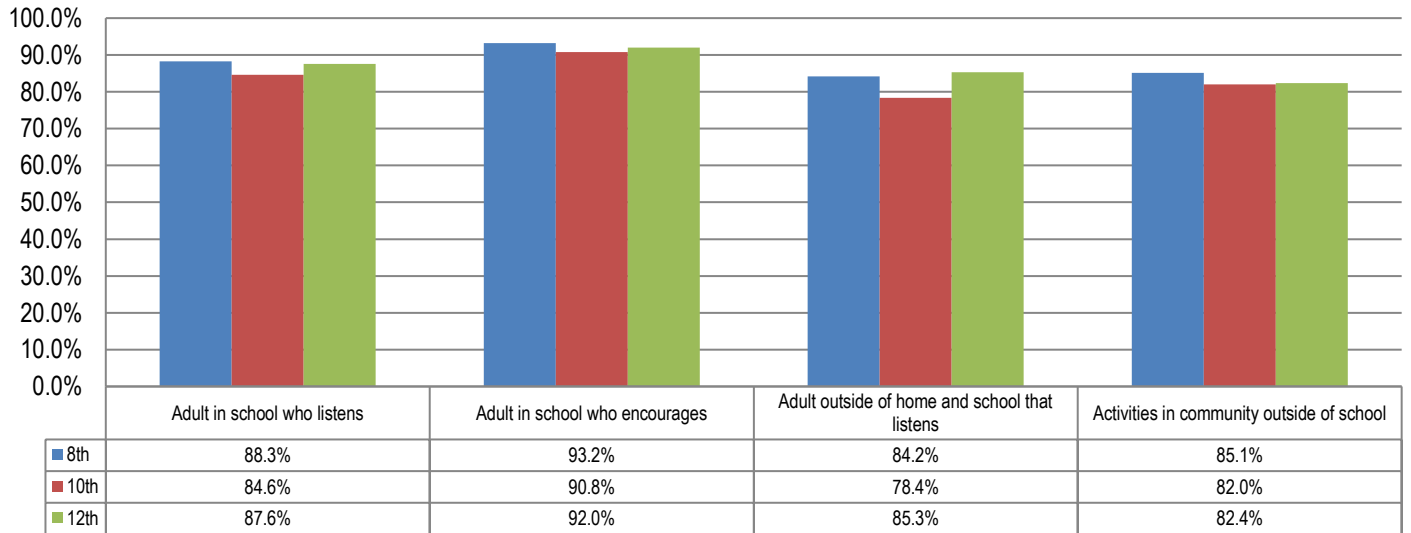
This section contains information on feelings and experiences with family, at school, and in the community for 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade students in Nebraska.

**Feelings and Experiences with Family**



Feelings and Experiences at School and in the Community

Feelings and Experiences at School and in the Community\*, 2016



Note. \*Percentage who reported they agree or strongly agree to each of the experiences or feelings at school or in the community based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.

**Tips for Using the NRPFSS Results**

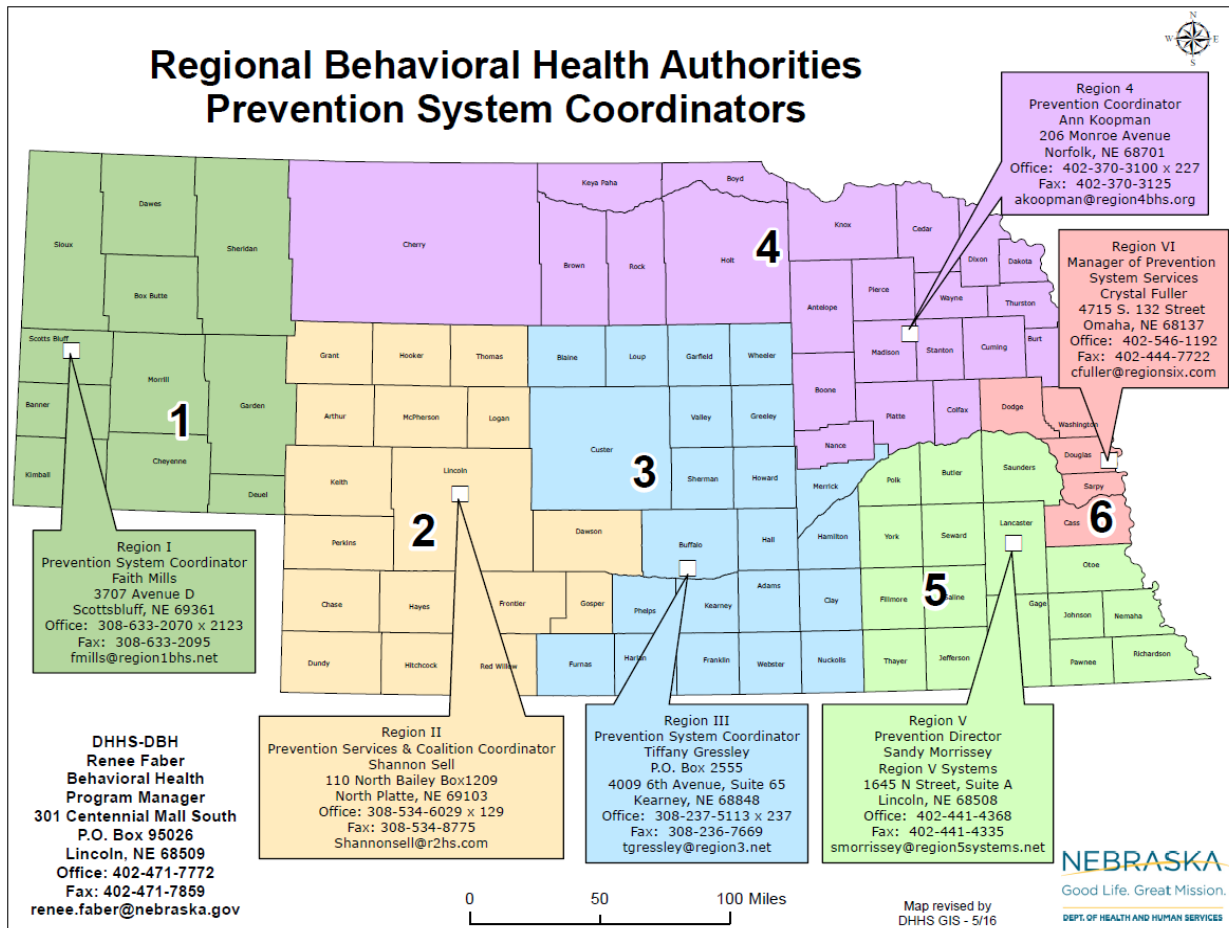
As a valued stakeholder in your community, you play an important role in prevention by teaching skills, imparting knowledge, and in helping to establish a strong foundation of character and values based on wellness, including prevention of substance use, suicide, and other risky behaviors. Preventing mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to promoting physical health and overall wellness.

There are a variety of strategies (or interventions) that can be used to increase protective factors and reduce the impact of risk factors. Prevention in schools is often completed through educational programs and school policies and procedures that contribute to the achievement of broader health goals and prevent problem behavior.

Prevention strategies typically fall into two categories:

- **Environmental Strategies**
  - These strategies effect the entire school environment and the youth within it.
    - An example of an environmental strategy would be changing school policy to not allow athletes to play if they are caught using substances.
- **Individual Strategies**
  - These strategies target individual youth to help them build knowledge, wellness, and resiliency.
    - An example of an individual strategy would be providing a curriculum as part of a health class about the harms of substances.

If you would like to implement strategies in your school or community, please contact your regional representative as shown on the map below.



You may also wish to do your own research. The following websites provide listings of evidence-based practices:

- **The National Registry of Evidence-based Programs and Practices (NREPP)**
  - This is a searchable online evidence-based repository and review system designed to provide the public with reliable information on more than 350 mental health and substance use interventions that are available for implementation.
  - **Website:** <http://nrepp.samhsa.gov/landing.aspx>
  
- **The Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Model Programs Guide (MPG)**
  - This contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs. It is a resource for practitioners and communities about what works, what is promising, and what does not work in juvenile justice, delinquency prevention, and child protection and safety.
  - **Website:** <https://www.ojjdp.gov/mpg/>
  
- **The Suicide Prevention Resource Center**
  - This has a variety of suicide prevention resources available.
  - **Website:** <http://www.sprc.org/>

In accordance with LB923, public school staff in Nebraska are required to complete at least 1 hour of suicide awareness and prevention training each year. To learn more, visit the Nebraska Department of Education website at <https://www.education.ne.gov/Safety/index.html>. Resources on Bullying Prevention and Suicide Prevention are listed.

A variety of print materials on behavioral health topics including depression, trauma, anxiety, and suicide are available from the Substance Abuse and Mental Health Services Administration (SAMHSA). Materials include toolkits for school personnel, educational fact sheets for parents and caregivers, wallet cards and magnets with the National Suicide Prevention Lifeline. The direct link to the SAMHSA store is <https://store.samhsa.gov/home>.

Another resource for kids, teens, and young adults is the **Boys Town National Hotline**, specifically the **Your Life Your Voice campaign**. Wallet cards and other promotional materials are available at no cost for distribution to students, school staff, parents, etc. <http://www.yourlifeyourvoice.org/Pages/home.aspx>. Remember, talking about suicide with a student does not put an idea of attempting suicide in a student's mind.

Additional contacts for tips on data use and prevention resources can be found in Appendix B.



**APPENDIX A: Trend Data**

Outcomes	Definition	Grade 8							Grade 10							Grade 12						
		2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016
	Alcohol	42.1%	40.9%	34.3%	27.3%	20.3%	15.5%	21.0%	60.7%	60.9%	66.1%	43.4%	49.7%	40.1%	35.5%	73.1%	84.1%	78.5%	70.8%	59.3%	67.6%	63.6%
	Cigarettes	26.3%	17.9%	17.4%	12.0%	6.4%	10.7%	6.5%	44.7%	37.9%	35.5%	27.2%	30.1%	19.3%	16.0%	50.1%	53.3%	48.1%	40.6%	36.2%	36.5%	31.2%
	Smokeless tobacco	8.9%	10.8%	8.7%	12.1%	4.7%	4.0%	2.9%	20.2%	17.7%	16.1%	16.9%	19.9%	10.4%	9.1%	23.7%	30.7%	35.4%	29.2%	22.5%	28.3%	15.4%
	Marijuana <sup>1</sup>	6.7%	3.9%	1.4%	2.3%	1.3%	6.1%	4.7%	22.8%	17.9%	9.7%	15.9%	24.0%	13.3%	14.4%	30.7%	21.9%	19.0%	24.2%	26.5%	30.0%	30.5%
	LSD/other psychedelics	2.1%	0.0%	0.0%	0.6%	0.0%	0.3%	0.7%	3.1%	1.9%	1.6%	0.8%	0.6%	2.0%	2.6%	3.4%	3.0%	0.0%	3.3%	1.4%	4.4%	3.9%
	Cocaine/crack	2.3%	0.6%	0.0%	0.6%	0.0%	0.8%	0.2%	4.6%	2.0%	1.6%	1.8%	0.6%	1.1%	0.8%	4.0%	3.0%	0.0%	3.6%	2.6%	2.4%	2.9%
	Meth <sup>2</sup>	1.0%	0.6%	0.0%	0.6%	0.0%	0.5%	0.4%	5.8%	3.0%	0.0%	1.3%	1.1%	0.0%	0.8%	4.2%	1.8%	0.0%	1.7%	1.6%	1.4%	1.0%
	Inhalants	11.9%	14.0%	11.4%	2.8%	3.4%	2.5%	2.5%	16.3%	14.6%	11.3%	6.0%	3.3%	2.3%	2.9%	9.4%	11.8%	2.5%	5.3%	3.3%	1.4%	1.9%
	Steroids	NA	0.9%	2.9%	0.0%	0.0%	1.0%	0.2%	NA	1.0%	0.0%	0.8%	0.3%	0.3%	0.3%	NA	2.4%	1.3%	1.1%	0.9%	0.7%	0.7%
	Other performance-enhancing drugs	NA	0.3%	1.4%	0.6%	0.4%	1.0%	0.2%	NA	3.6%	6.5%	6.8%	3.6%	2.0%	3.4%	NA	13.6%	11.4%	10.0%	6.3%	5.8%	2.7%
	Prescription drugs <sup>3</sup>	NA	5.9%	4.3%	1.1%	0.8%	2.0%	0.4%	NA	12.1%	6.5%	6.0%	6.1%	4.5%	4.7%	NA	16.6%	5.1%	11.1%	9.9%	8.5%	8.7%
	Non-prescription drugs <sup>4</sup>	NA	NA	4.3%	0.6%	1.3%	1.5%	1.1%	NA	NA	3.2%	4.7%	3.9%	3.4%	2.9%	NA	NA	1.3%	5.3%	5.9%	5.5%	4.1%
	Alcohol	18.3%	14.6%	13.0%	8.6%	5.5%	4.6%	6.9%	31.0%	31.0%	24.2%	22.6%	18.6%	14.7%	15.6%	41.7%	45.0%	47.4%	36.3%	32.2%	39.7%	38.3%
	Binge drinking	NA <sup>9</sup>	NA <sup>9</sup>	5.7%	5.1%	1.7%	2.0%	0.9%	NA <sup>9</sup>	NA <sup>9</sup>	11.3%	15.8%	12.5%	6.8%	5.8%	NA <sup>9</sup>	NA <sup>9</sup>	38.5%	27.0%	20.8%	29.0%	18.6%
	Cigarettes	8.4%	4.6%	5.8%	2.9%	1.3%	3.3%	2.2%	21.1%	16.5%	9.7%	14.8%	11.4%	3.7%	7.6%	31.8%	25.4%	17.7%	17.8%	19.9%	16.7%	13.3%
	Smokeless tobacco	3.1%	4.2%	4.3%	6.9%	1.7%	2.8%	1.3%	7.9%	10.8%	11.3%	9.3%	6.1%	4.8%	6.0%	8.9%	12.4%	20.3%	17.2%	11.7%	15.7%	7.5%
	Marijuana <sup>1</sup>	2.8%	1.4%	0.0%	0.6%	0.4%	3.0%	2.0%	12.7%	6.8%	0.0%	8.1%	13.6%	5.9%	8.9%	15.5%	5.3%	2.5%	11.1%	11.1%	12.7%	16.1%
	Prescription drugs <sup>3</sup>	NA	3.0%	1.4%	1.1%	0.4%	1.3%	0.0%	NA	6.3%	3.2%	2.1%	3.0%	1.7%	2.9%	NA	8.4%	2.5%	4.2%	5.6%	3.4%	3.4%
<b>Past 30 Day Perceived Substance Use</b>	Other illegal drugs	NA <sup>5</sup>	NA <sup>5</sup>	NA <sup>5</sup>	1.5%	2.1%	7.0%	3.5%	NA <sup>5</sup>	NA <sup>5</sup>	NA <sup>5</sup>	12.7%	13.5%	12.1%	13.1%	NA <sup>5</sup>	NA <sup>5</sup>	NA <sup>5</sup>	13.8%	15.7%	16.0%	12.6%
	Smoked cigarettes	20.5%	15.6%	17.6%	8.5%	4.2%	6.9%	5.7%	23.5%	18.2%	24.2%	8.9%	13.7%	6.9%	6.5%	18.8%	15.3%	21.5%	9.2%	7.7%	8.6%	6.3%
	Drank alcohol	33.8%	29.5%	31.9%	22.2%	11.7%	10.6%	13.2%	24.6%	19.1%	22.6%	11.1%	13.7%	6.9%	8.6%	16.4%	17.6%	19.0%	7.6%	8.4%	9.6%	6.1%
	Drank alcohol regularly	5.1%	4.4%	0.0%	3.4%	0.4%	1.0%	1.4%	3.0%	2.6%	4.9%	0.5%	2.8%	1.7%	1.3%	1.9%	1.2%	1.3%	1.4%	0.9%	1.4%	0.5%
	Smoked marijuana	5.0%	1.4%	1.4%	1.1%	0.4%	2.1%	2.9%	6.1%	4.1%	4.8%	2.9%	3.1%	1.1%	2.1%	2.4%	0.6%	0.0%	1.9%	2.3%	2.4%	1.5%



Outcomes	Definition	Grade 8							Grade 10							Grade 12						
		2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016	2003	2005	2007	2010	2012	2014	2016
	Grades were A's and B's	NA	NA	82.4%	78.0%	80.7%	89.3%	89.5%	NA	NA	76.7%	80.4%	77.0%	84.0%	81.3%	NA	NA	76.6%	83.7%	83.0%	79.9%	79.2%
	Interesting courses	29.5%	51.1%	51.4%	27.7%	33.6%	39.5%	36.7%	30.1%	42.3%	33.9%	30.5%	29.0%	30.6%	25.5%	27.0%	37.1%	43.0%	38.1%	39.9%	36.1%	27.5%
	Learning important for future	65.7%	74.3%	68.6%	70.5%	69.9%	68.8%	70.0%	53.3%	54.7%	69.4%	56.2%	58.1%	46.9%	47.5%	44.2%	46.5%	51.9%	55.8%	47.8%	44.9%	42.3%
	Enjoy being in school	48.0%	54.5%	52.9%	40.6%	42.4%	55.2%	47.0%	40.1%	37.0%	45.2%	36.4%	41.8%	37.7%	32.5%	37.9%	30.2%	39.2%	38.8%	42.5%	34.7%	27.2%
	Teacher acknowledgement <sup>6</sup>	NA	NA	NA	73.0%	70.5%	73.5%	78.3%	NA	NA	NA	68.2%	62.2%	59.2%	73.0%	NA	NA	NA	71.3%	68.1%	59.8%	67.7%
	Chances to get involved <sup>6</sup>	94.7%	96.0%	100.0%	94.3%	95.4%	95.9%	94.2%	96.7%	97.8%	96.8%	95.8%	95.3%	94.8%	95.5%	94.0%	95.9%	98.7%	95.3%	96.5%	96.2%	93.9%
	Chances to talk with teachers <sup>6</sup>	88.0%	90.3%	92.9%	85.2%	81.9%	84.4%	85.2%	87.2%	86.1%	98.4%	82.7%	80.8%	83.7%	81.3%	89.6%	90.6%	89.9%	83.4%	85.3%	88.0%	85.4%
	Feel safe <sup>6</sup>	NA	NA	NA	89.5%	89.3%	90.0%	87.2%	NA	NA	NA	85.6%	87.1%	87.8%	81.9%	NA	NA	NA	88.9%	89.7%	92.4%	87.1%
	Okay to cheat <sup>6</sup>	25.1%	15.1%	14.5%	16.5%	8.4%	9.2%	10.6%	34.9%	32.2%	21.0%	22.3%	22.7%	22.5%	23.9%	39.9%	50.0%	43.0%	31.3%	26.3%	26.7%	35.9%
	Parents know where I am <sup>6,7</sup>	89.7%	90.9%	90.0%	90.3%	94.1%	95.4%	90.0%	90.6%	85.3%	91.9%	91.3%	86.6%	93.2%	89.4%	81.4%	79.2%	83.5%	85.4%	89.3%	85.1%	89.4%
	Clear substance use rules <sup>6</sup>	92.9%	92.1%	92.8%	90.9%	96.6%	94.4%	92.0%	90.9%	87.5%	90.2%	91.3%	89.4%	93.2%	86.4%	88.0%	84.3%	92.3%	88.5%	91.9%	91.3%	86.2%
	Help for personal problems <sup>6,7</sup>	84.0%	82.2%	81.4%	84.0%	87.3%	87.2%	85.4%	77.1%	79.9%	80.6%	81.1%	78.7%	79.9%	79.5%	80.2%	78.1%	91.1%	78.2%	79.6%	75.8%	82.5%
	Ask about homework <sup>6,7</sup>	89.9%	91.1%	91.4%	90.3%	91.9%	90.5%	89.4%	85.3%	76.4%	88.7%	81.4%	82.1%	83.6%	81.0%	73.9%	65.5%	72.2%	70.5%	68.9%	73.4%	79.8%
	Important to be honest with parents <sup>6,7</sup>	92.7%	92.9%	92.9%	89.7%	96.6%	92.9%	91.1%	87.7%	86.1%	98.4%	89.9%	86.4%	88.7%	87.6%	90.1%	82.5%	91.1%	89.4%	91.0%	88.2%	86.4%
	Discussed dangers of alcohol <sup>7</sup>	NA	NA	NA	50.6%	53.8%	60.3%	47.6%	NA	NA	NA	53.6%	44.8%	48.6%	41.5%	NA	NA	NA	48.6%	41.8%	41.3%	38.5%
	Hard to buy alcohol from store	NA	NA	NA	87.7%	88.4%	81.2%	87.1%	NA	NA	NA	79.1%	76.6%	82.0%	80.5%	NA	NA	NA	81.9%	75.8%	76.7%	80.5%
	Caught by police if drinking <sup>6,8</sup>	40.7%	51.3%	38.6%	NA	46.2%	58.8%	63.3%	24.7%	28.5%	24.2%	NA	35.0%	33.2%	48.0%	22.5%	17.3%	22.8%	NA	34.1%	32.9%	35.7%
	Caught by police if drinking and driving <sup>6,8</sup>	NA	NA	NA	NA	74.2%	77.6%	76.1%	NA	NA	NA	NA	66.7%	63.7%	73.9%	NA	NA	NA	NA	63.8%	56.7%	68.4%
	Caught by police if smoking marijuana <sup>6,8</sup>	53.0%	64.8%	45.7%	NA	66.9%	69.1%	70.7%	35.4%	41.3%	38.7%	NA	44.1%	47.0%	57.5%	26.8%	26.5%	22.8%	NA	38.3%	33.9%	39.1%
	Adults I can talk to <sup>6</sup>	71.2%	80.5%	65.7%	NA	63.2%	71.0%	65.5%	60.5%	72.1%	60.7%	NA	55.6%	61.1%	56.5%	57.1%	75.4%	73.4%	NA	63.9%	56.4%	54.5%
	Okay to steal <sup>6</sup>	9.7%	5.4%	8.7%	6.9%	2.9%	1.5%	2.5%	13.0%	12.0%	3.2%	7.0%	7.8%	4.3%	6.0%	11.9%	13.6%	3.8%	6.6%	4.2%	4.1%	5.6%
	Okay to beat people up <sup>6</sup>	37.1%	26.2%	18.8%	32.0%	27.4%	22.6%	27.5%	45.2%	38.2%	43.5%	36.8%	45.4%	36.7%	37.8%	50.5%	39.4%	44.3%	38.2%	33.1%	37.1%	39.1%
	Gang involvement	9.5%	7.3%	12.9%	4.2%	3.1%	2.7%	3.8%	6.1%	4.4%	6.5%	6.1%	5.6%	4.1%	2.1%	3.1%	2.4%	5.2%	3.1%	3.2%	1.8%	1.5%

**Notes**

*\*This indicates that there were less than 10 cases.*

*\*\*This indicates that the criteria for a report were not met.*

*<sup>1</sup>Prior to 2010, the question asked students if they had "used marijuana (grass, pot) or hashish (hash, hash oil)." In 2010, the wording was changed to "used marijuana."*

*<sup>2</sup>Prior to 2010, the question asked students if they had "taken 'meth' (also known as 'crank', 'crystal', or 'ice')." In 2010, the wording was changed to "used methamphetamines (meth, speed, crank, crystal meth, or ice)."*

*<sup>3</sup>Prior to 2010, the question asked students if they had "used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycotin, or sleeping pills without a doctor telling you to take them." In 2010, the wording was changed to "used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycotin, Vicodin, or Percocet) without a doctor telling you to take them."*

*<sup>4</sup>Prior to 2010, the question asked students if they had "used a non-prescription cough or cold medicine (robos, DMX, etc.) to get high and not for medical reasons." In 2010, the wording was changed to "used a non-prescription cough or cold medicine (robo, robo-tripping, DMX) to get high and not for medical reasons."*

*<sup>5</sup>In 2010, this question was changed significantly. As a result, trend data are not available prior to 2010.*

*<sup>6</sup>Prior to 2016, the question was asked using the following scale: NO!, no, yes, YES!. In 2016, the question scale changed to the following: Strongly disagree, Disagree, Agree, Strongly agree.*

*<sup>7</sup>Prior to 2016, the question asked students about their "parents" or "mom or dad". In 2016, the wording was changed to "parents or caregivers".*

*<sup>8</sup>Prior to 2016, the question asked students "Would a kid be caught by police, if he or she:". In 2016, the wording was changed to "You would be caught by the police if you:".*

*<sup>9</sup>Prior to 2007, the question asked students about binge drinking "during the past 2 weeks". In 2007, the wording was changed to ask students about binge drinking "during the past 30 days". Because of this difference, trend data are not available prior to 2007.*

*Note. The number of students and/or school districts included from year to year could vary due to schools participating in some administrations and not others. As a result, these trend findings should be approached with some caution.*

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**APPENDIX B: Contacts for Prevention**

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**Division of Behavioral Health**

Nebraska Department of Health and Human Services  
Renee Faber, Behavioral Health Services Manager  
renee.faber@nebraska.gov  
301 Centennial Mall South  
P.O. Box 95026  
Lincoln, NE 68509-5026  
(402) 471-7772 phone  
(402) 471-7859 fax  
[http://www.dhhs.ne.gov/Behavioral\\_Health/](http://www.dhhs.ne.gov/Behavioral_Health/)

**Tobacco Free Nebraska**

Nebraska Department of Health and Human Services  
Amanda Mortensen  
Tobacco Free Nebraska Program Manager  
amanda.mortensen@nebraska.gov  
301 Centennial Mall South  
P.O. Box 95026  
Lincoln, NE 68509-5026  
(402) 471-9270 phone  
(402) 471-6446 fax  
[www.dhhs.ne.gov/tfn](http://www.dhhs.ne.gov/tfn)

**Nebraska Department of Education**

Chris Junker, Safe and Healthy Schools Coordinator  
chris.junker@nebraska.gov  
123 N. Marian Road  
Hastings, NE 68901  
(402) 462-4187 ext. 166 phone  
(402) 460-4773 fax  
[www.education.ne.gov](http://www.education.ne.gov)

**Nebraska Department of Highway Safety**

Fred Zwonechek, Administrator  
Fred.Zwonechek@nebraska.gov  
5001 S. 14<sup>th</sup> Street  
P.O. Box 94612  
Lincoln, NE 68509  
(402) 471-2515 phone  
(402) 471-3865 fax  
<http://www.transportation.nebraska.gov/nohs/>

**This report was prepared for the State of  
Nebraska by the Bureau of Sociological Research  
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bosr@unl.edu  
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Lincoln, NE 68588-0325  
<http://bosr.unl.edu>

**For information about SHARP and/or the NRPFS:**

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**David DeVries**

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