



Nebraska Risk and Protective Factor Student Survey Results for 2018

Profile Report: West Central 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

*NRPFS 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

This report summarizes the findings from the 2018 Nebraska Risk and Protective Factor Student Survey (NRPFSS). The 2018 survey represents the eighth implementation of the NRPFSS and the fifth 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, 2016, and 2018 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 national, scientifically-validated surveys 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 West Central District Health Department. 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 West Central 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.

2018 NRPFSS Sponsored by:

The 2018 NRPFSS is sponsored by Grant #5U79SP020162-05 and #1H79SP080988-01 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, 2014, and 2016 administrations. As part of BOSR’s commitment to high quality data, BOSR is a member of the American Association for Public Opinion Research (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).

Table 1.1. Survey Participation Rates, 2018

Grade	West Central District Health Department 2018			State 2018		
	Number Participated	Number Enrolled	Percent Participated	Number Participated	Number Enrolled	Percent Participated
8th	448	540	83.0%	10270	26257	39.1%
10th	303	456	66.4%	7437	25634	29.0%
12th	280	528	53.0%	6378	26155	24.4%
Total	1031	1524	67.7%	24085	78046	30.9%

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 2018, 30.9 percent of the eligible Nebraska students in grades 8, 10, and 12 participated in the NRPFSS.

The 2018 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 an 11.2% participation rate in 2018 compared to 44.4% for the remainder of the state.

Table 1.2 provides an overview of the characteristics of the students who completed the 2018 survey within West Central District Health Department and the state overall.

Table 1.2. Participant Characteristics, 2018

	West Central District Health Department 2018		State 2018	
	n	%	n	%
Total students	1065		24622	
Grade				
8th	448	42.1%	10270	41.7%
10th	303	28.5%	7437	30.2%
12th	280	26.3%	6378	25.9%
Unknown	34	3.2%	537	2.2%
Gender				
Male	534	50.1%	12382	50.3%
Female	529	49.7%	12175	49.4%
Unknown	2	0.2%	65	0.3%
Race/Ethnicity				
Hispanic*	119	11.2%	3972	16.1%
African American	29	2.7%	750	3.0%
Asian	11	1.0%	486	2.0%
American Indian	23	2.2%	731	3.0%
Pacific Islander	6	0.6%	70	0.3%
Alaska Native	2	0.2%	30	0.1%
White	868	81.5%	18258	74.2%
Other	7	0.7%	275	1.1%
Unknown	0	0.0%	50	0.2%

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 five sections: (1) substance use; (2) transportation safety; (3) violence, bullying, and mental health; (4) nutrition and physical activity; and (5) feelings and experiences at home, school, and in the community. Within each section, highlights of the 2018 survey data for West Central District Health Department are presented along with state and national estimates, when available.

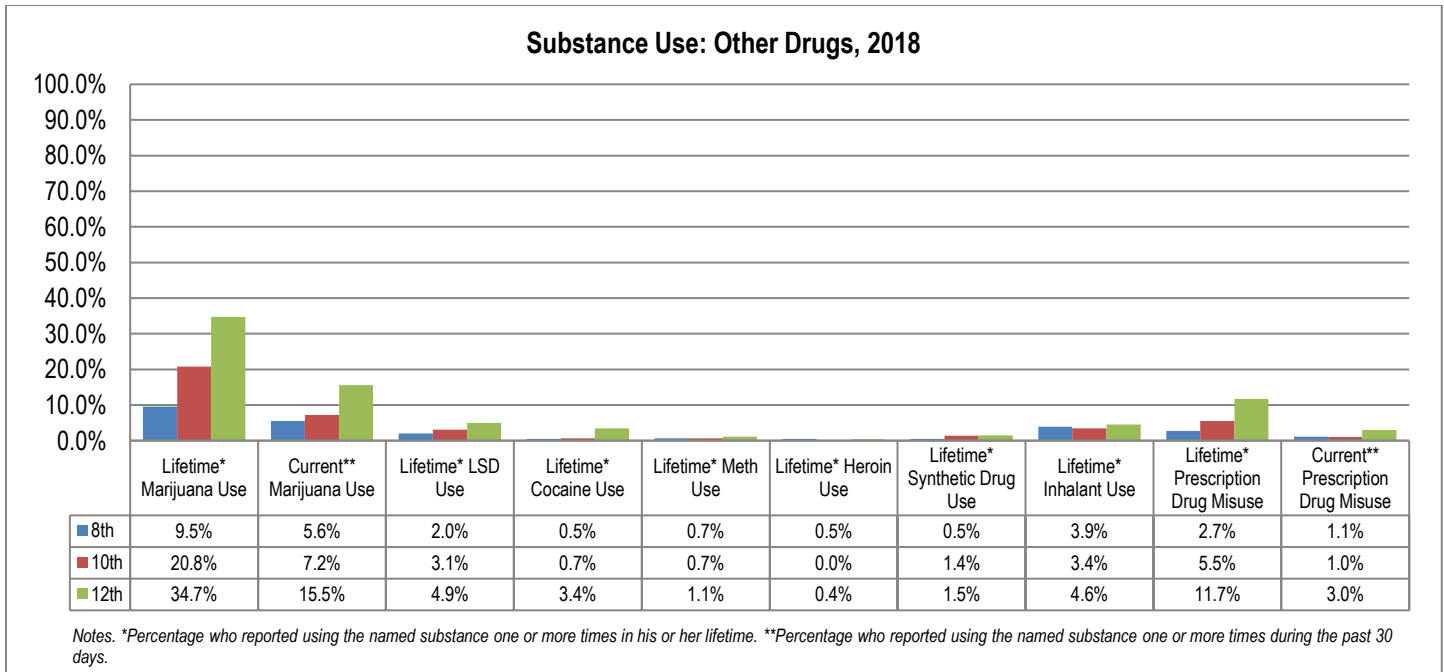
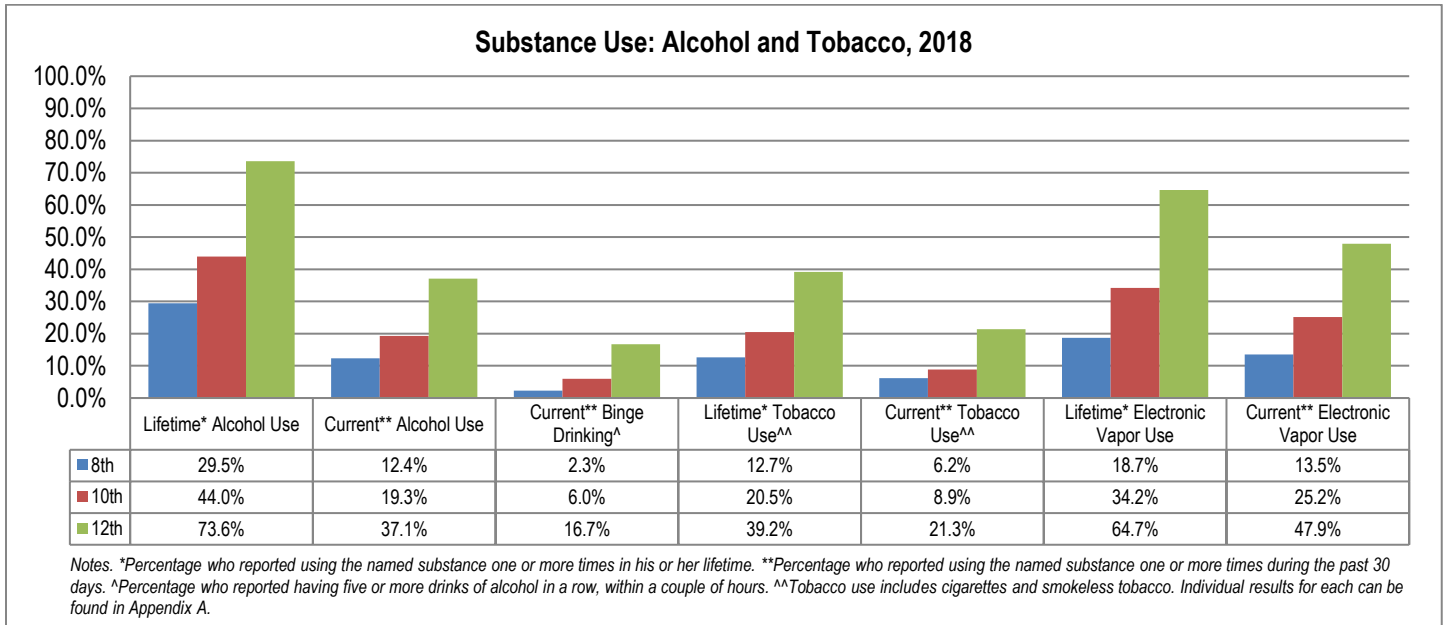
When there are less than 10 survey respondents for a particular grade, their responses are not presented in order to protect the confidentiality of individual student participants. However, those respondents are included in regional- and state-level results. Furthermore, if a grade level has 10 or more 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 more than 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 West Central District Health Department, 40 students met these criteria.

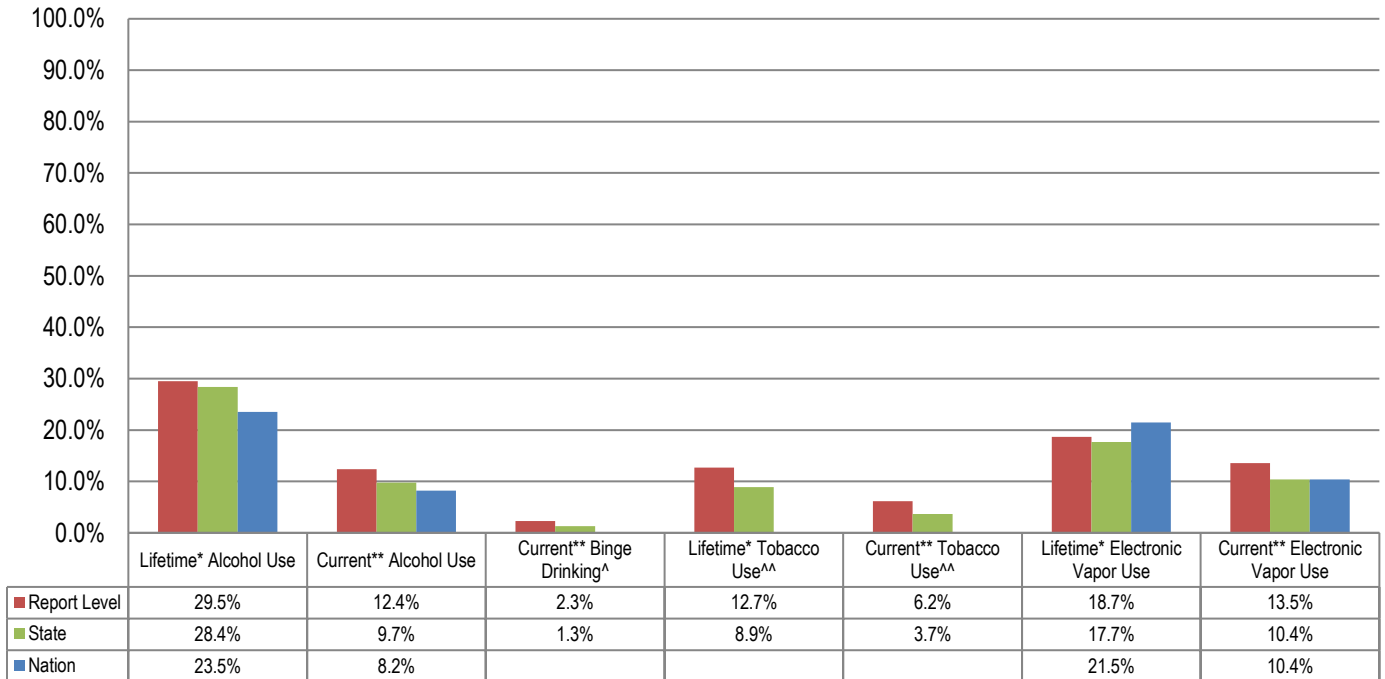
Substance Use

This section contains information on the use of alcohol, tobacco, and other drugs among 8th, 10th, and 12th grade students in Nebraska. In addition, there is information on attitudes and perceptions, the sources of substances, and other substance-related topics. To provide greater context for the results from West Central 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

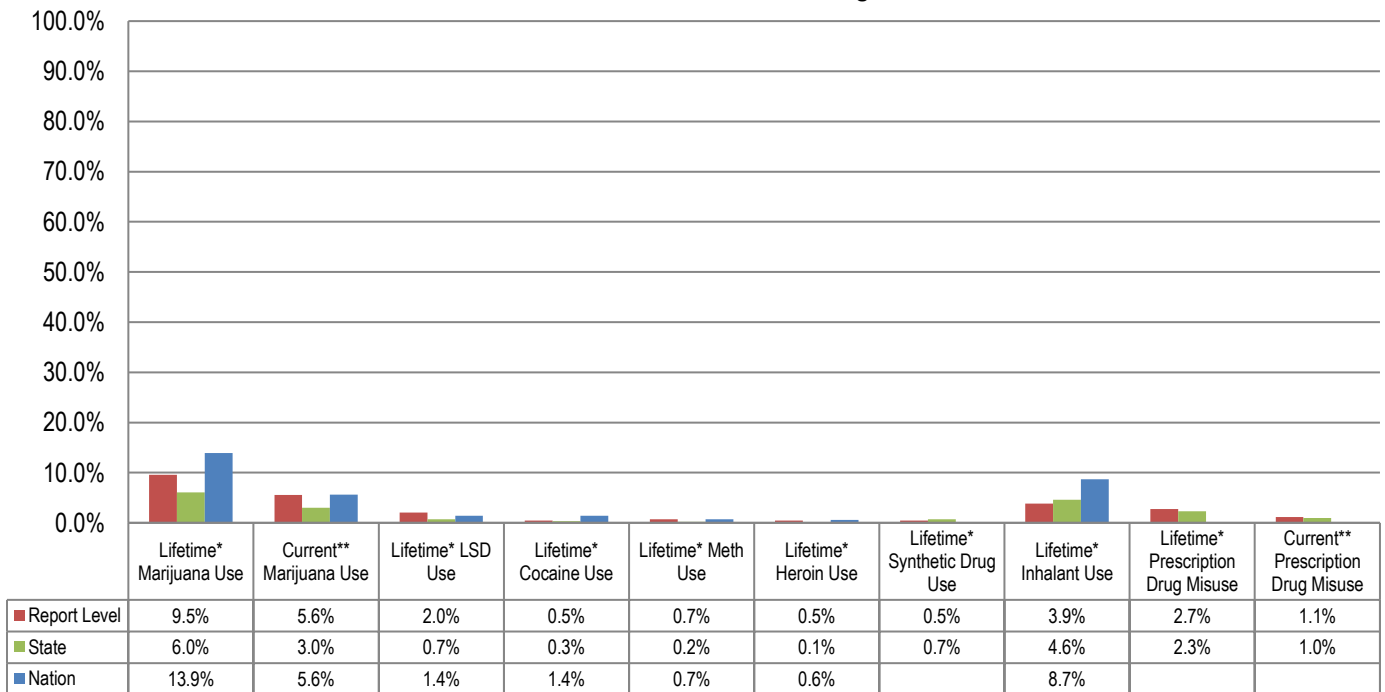


8th Grade Substance Use: Alcohol and Tobacco, 2018



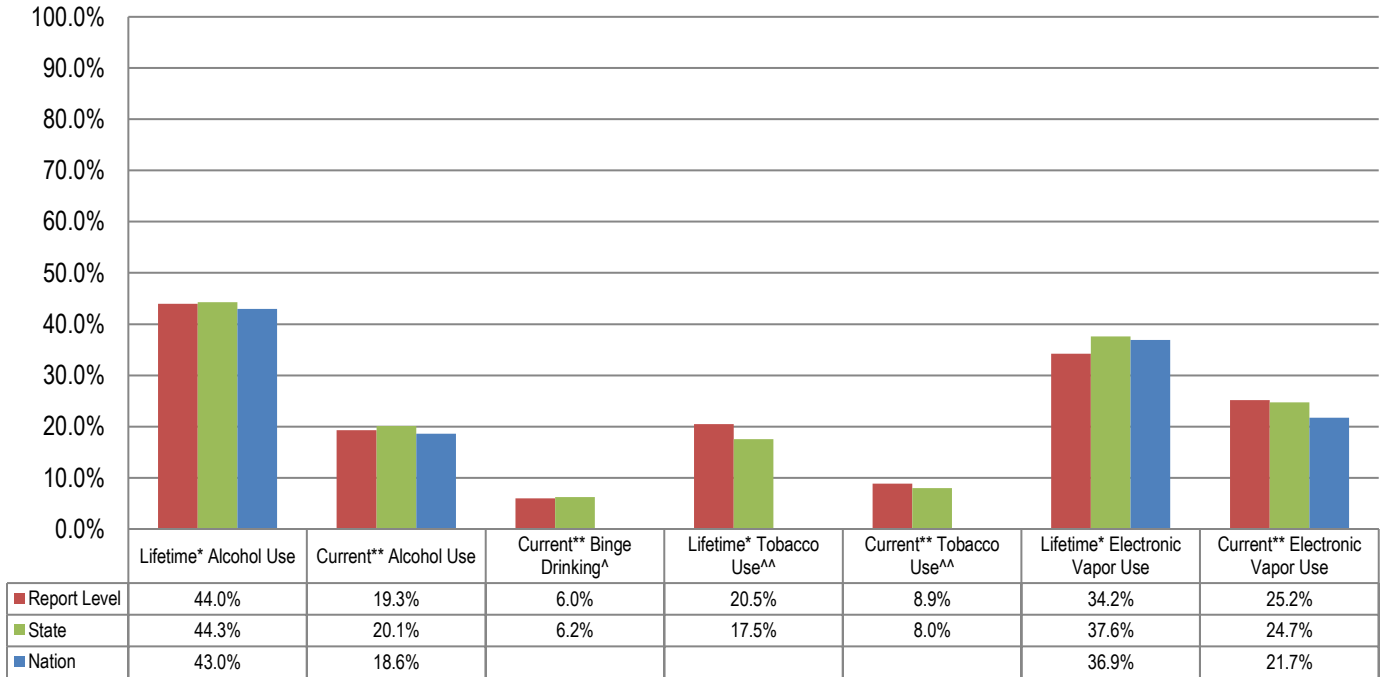
Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco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

8th Grade Substance Use: Other Drugs, 2018



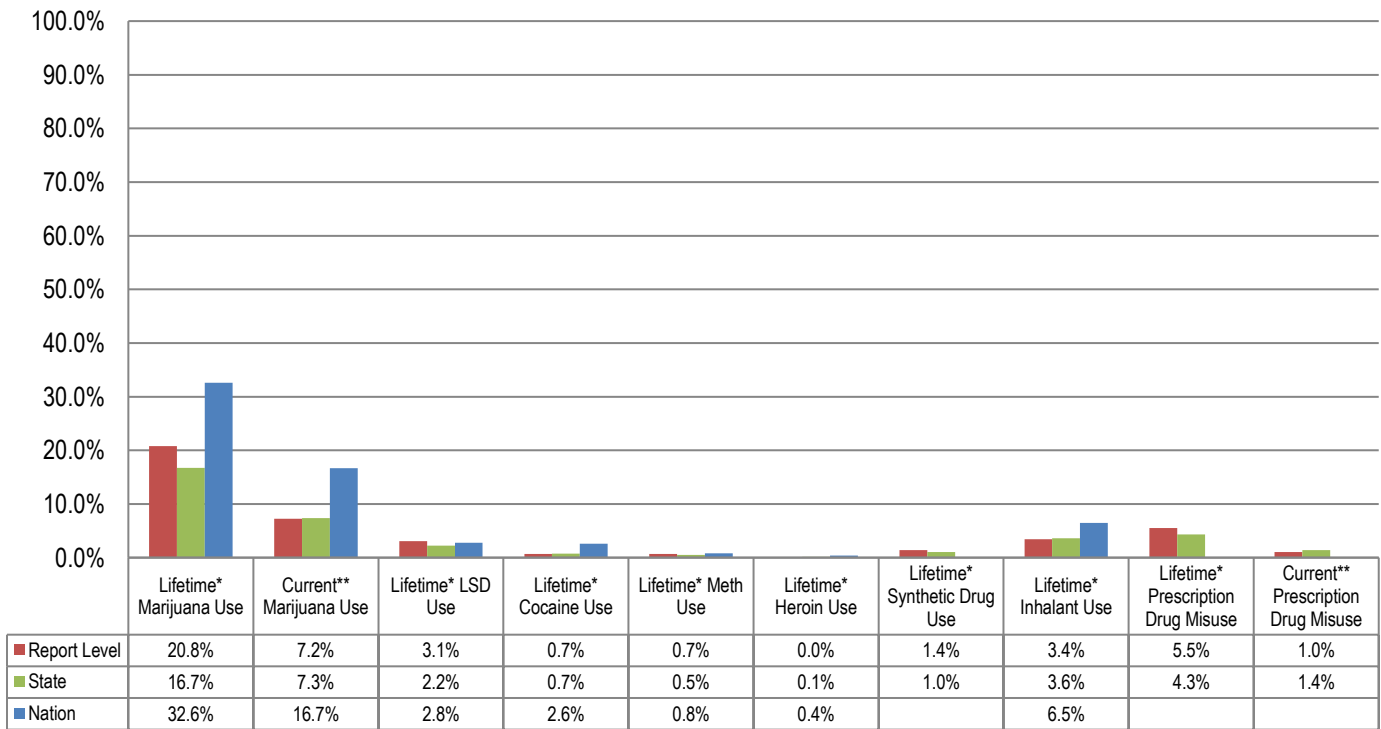
Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days.

10th Grade Substance Use: Alcohol and Tobacco, 2018



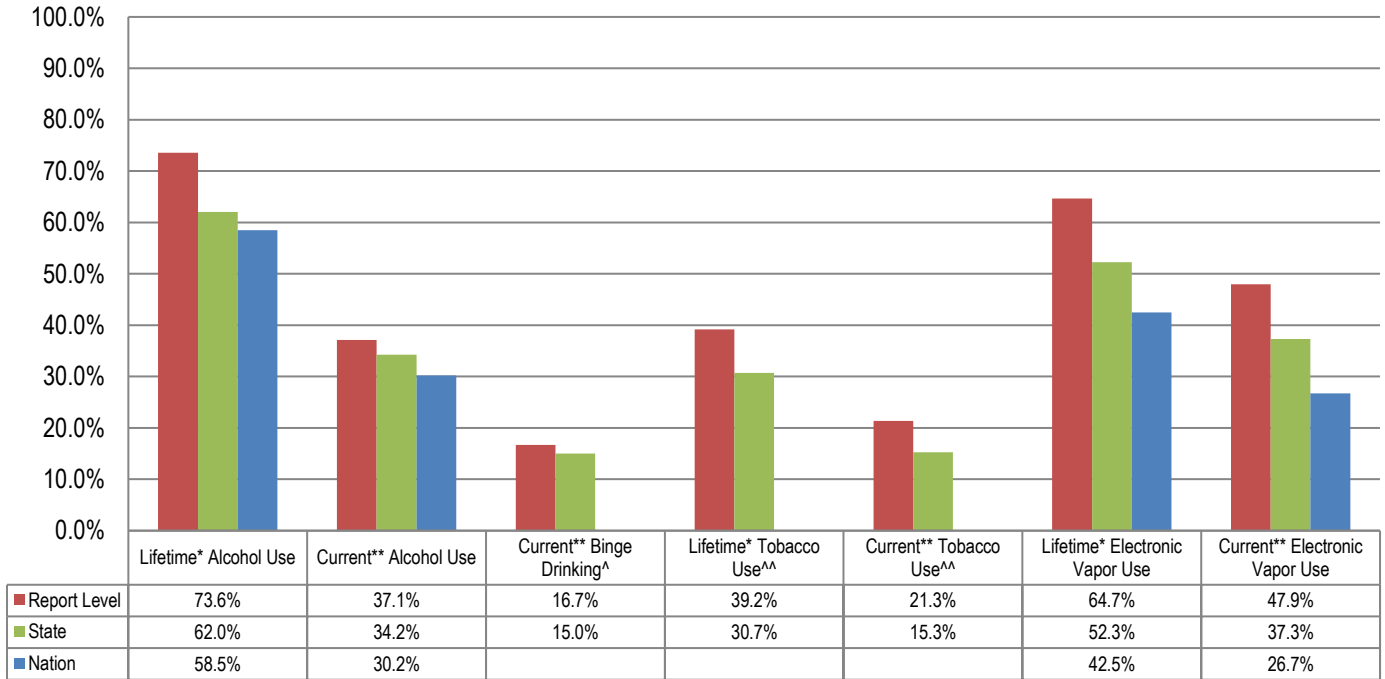
Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco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

10th Grade Substance Use: Other Drugs, 2018



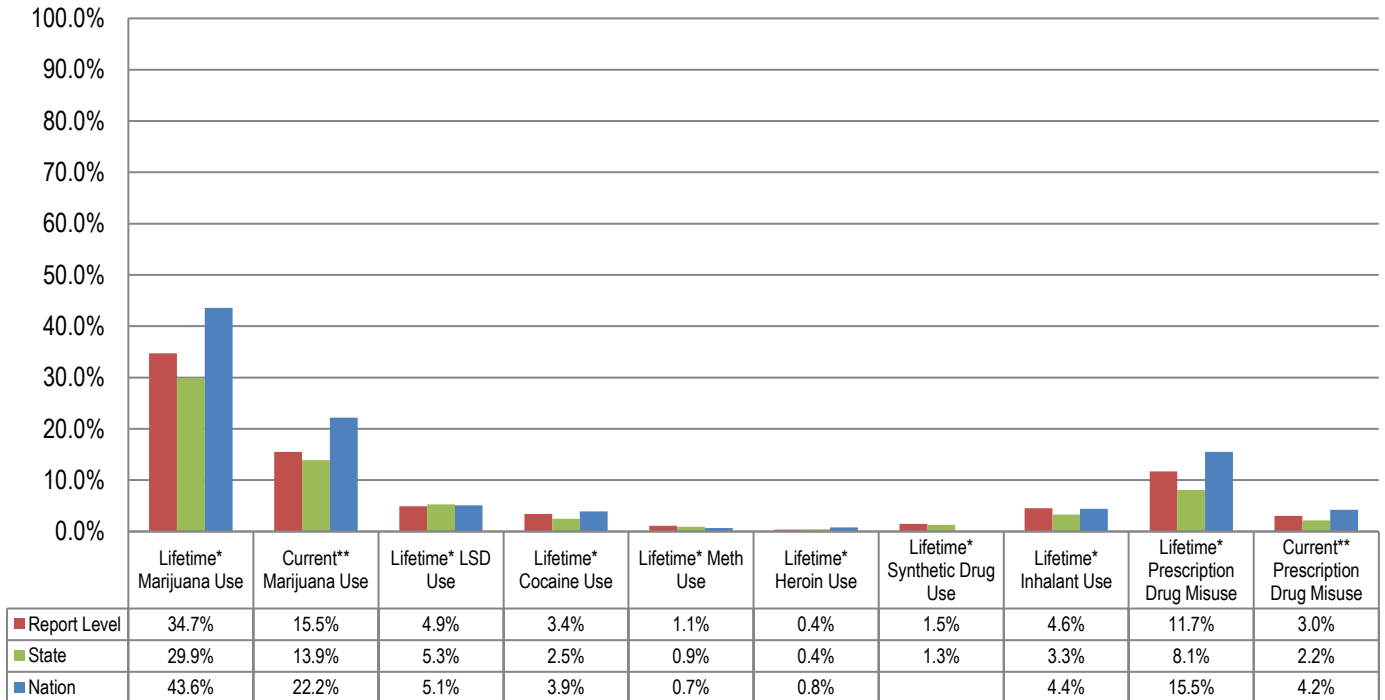
Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days.

12th Grade Substance Use: Alcohol and Tobacco, 2018



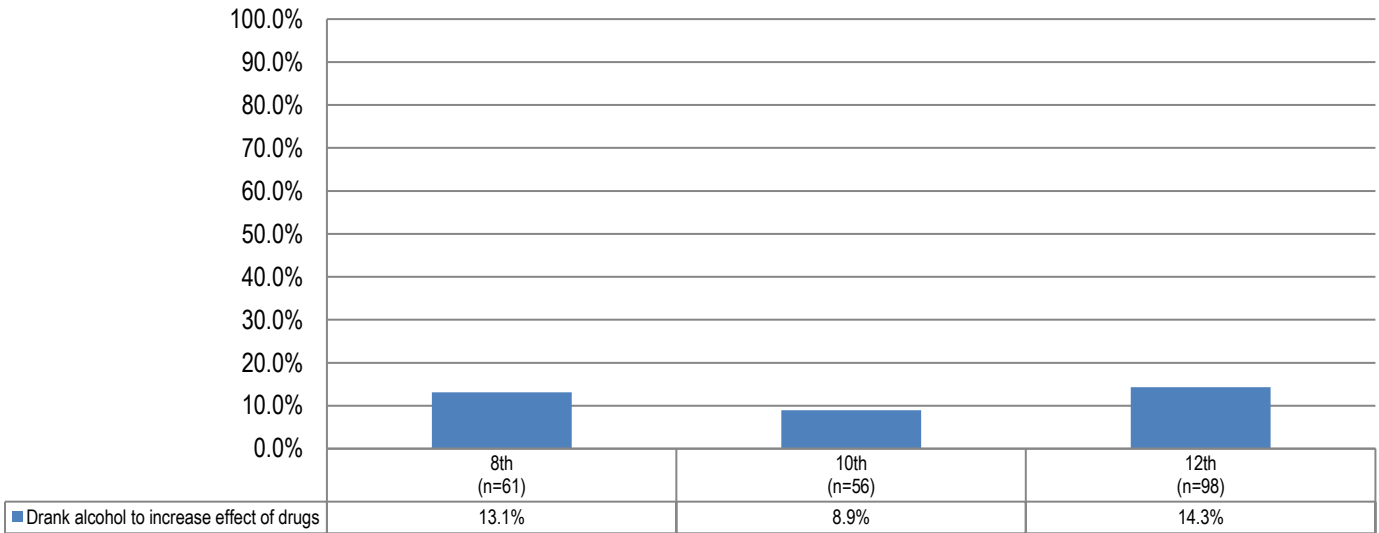
Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days. ^Percentage who reported having five or more drinks of alcohol in a row, within a couple of hours. ^^Tobacco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

12th Grade Substance Use: Other Drugs, 2018



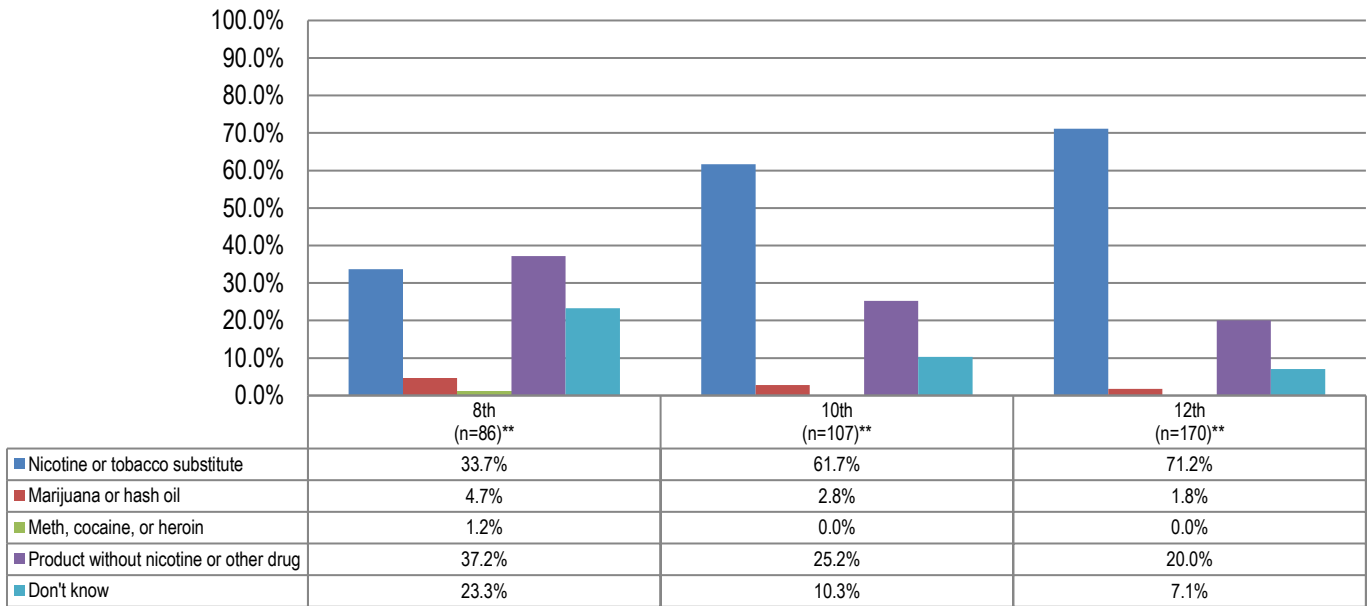
Notes. *Percentage who reported using the named substance one or more times in his or her lifetime. **Percentage who reported using the named substance one or more times during the past 30 days.

Percentage Reporting Drinking Alcohol to Increase Effect of Some Other Drug, among Students who Reported Drinking in the Past 30 Days*, 2018



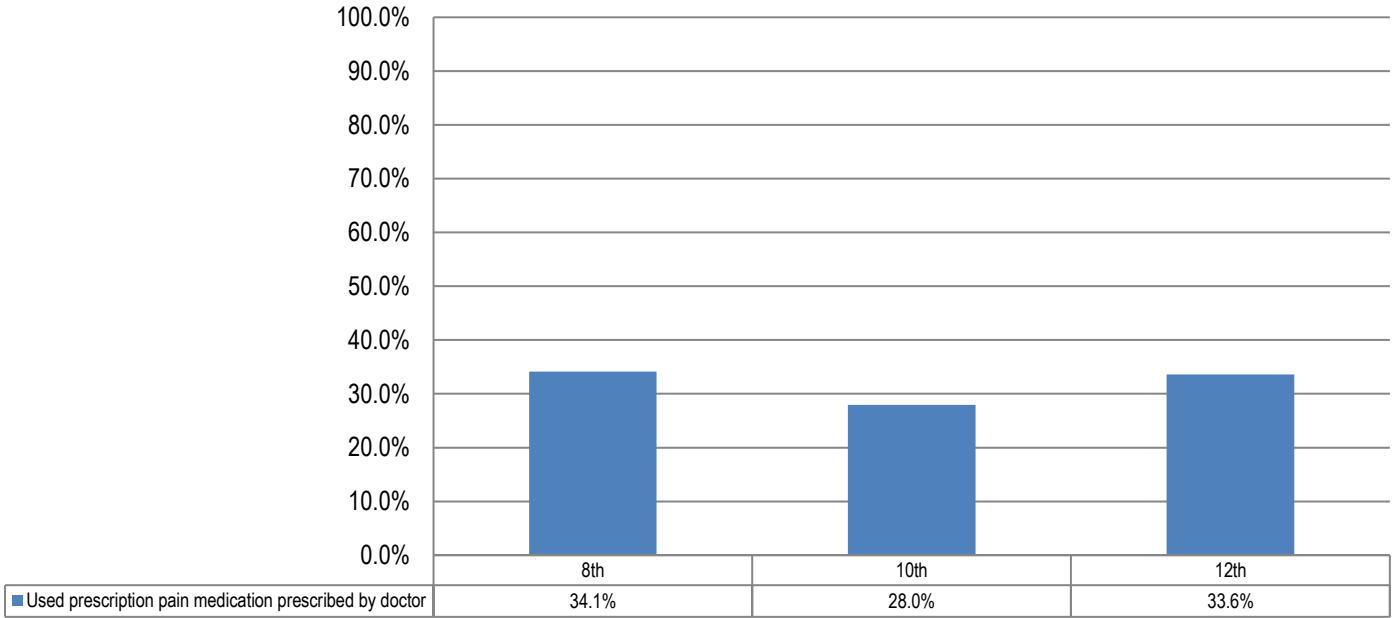
Notes. *Among past 30 day alcohol users, the percentage who reported drinking alcohol one or more times to increase the effect of some of other drug or drugs during the past 30 days.

Type of Mist Inhaled in Electronic Vaporizer, among Students who Reported Using an E-cigarette or Vaping Device*, 2018



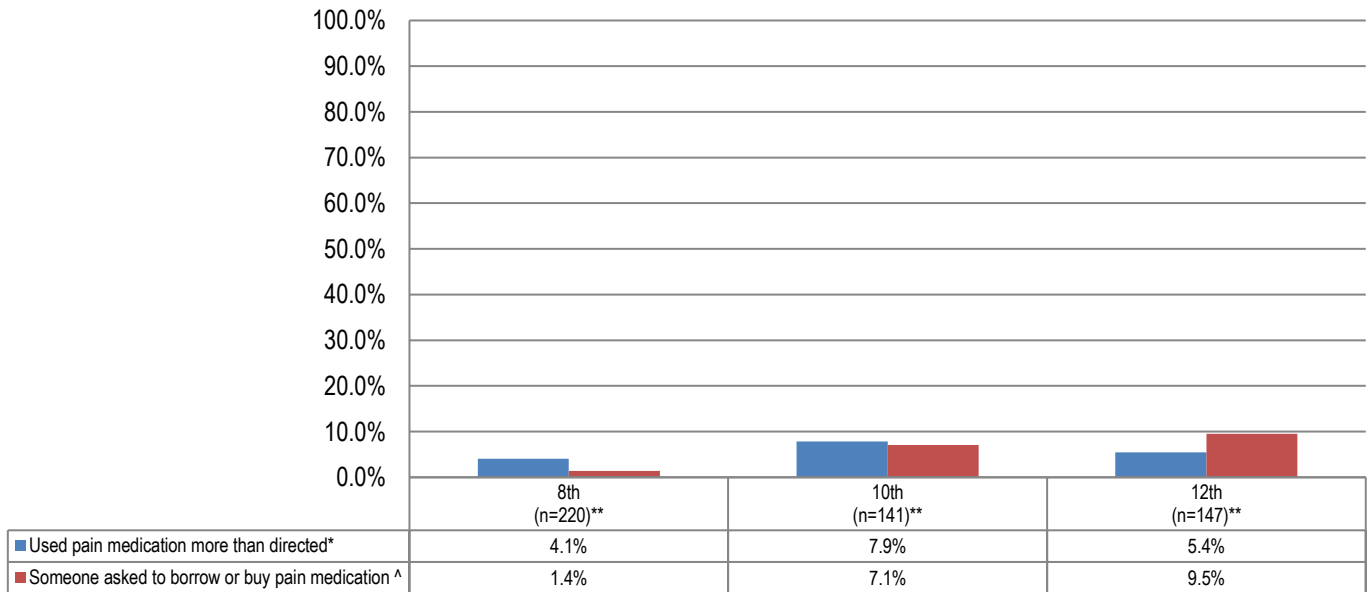
Notes. *Based on the question "The last time you used an electronic vaporizer such as an e-cigarette, what was in the mist you inhaled?" **The n-size displayed is the same for all types of mist given that type of mist inhaled in an electronic vaporizer is asked as one question.

Percentage Reporting Using Pain Medication Prescribed by a Doctor during the Past 12 Months*, 2018



Notes. *Percentage who reported "Yes" to the question "During the past 12 months, did you use pain medications that a doctor prescribed for you?"

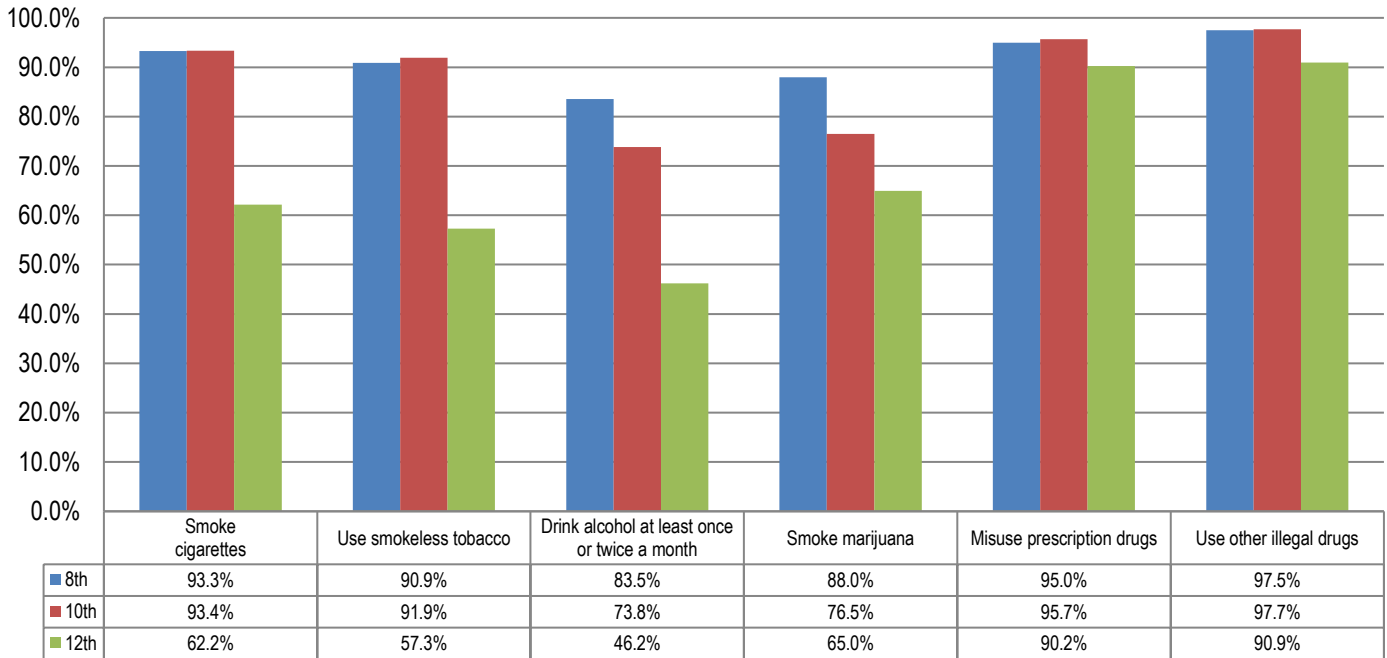
Other Pain Medication Topics, among Students who Reported Receiving Prescription Pain Medication from a Doctor, 2018



Notes. *Percentage who reported "Yes" to the question "The last time a doctor prescribed a pain medication for you, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?" ^Percentage who reported "Yes" to the question "The last time a doctor prescribed a pain medication for you, did anyone ask you about borrowing or buying some of your medication?" **The n-size displayed is the largest n-size across these questions. Because each question is asked individually, the n-size may vary.

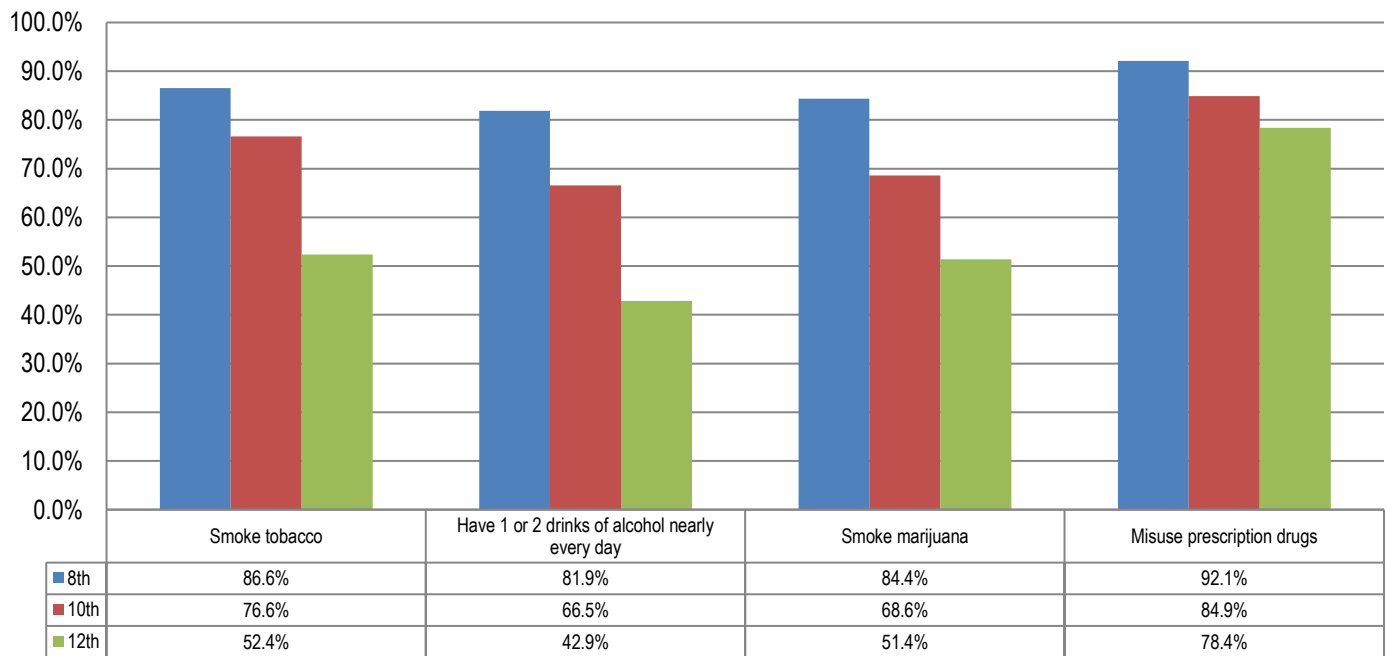
Attitudes toward Substance Use

Percentage Reporting Wrong or Very Wrong to Substance Use Behavior*, 2018



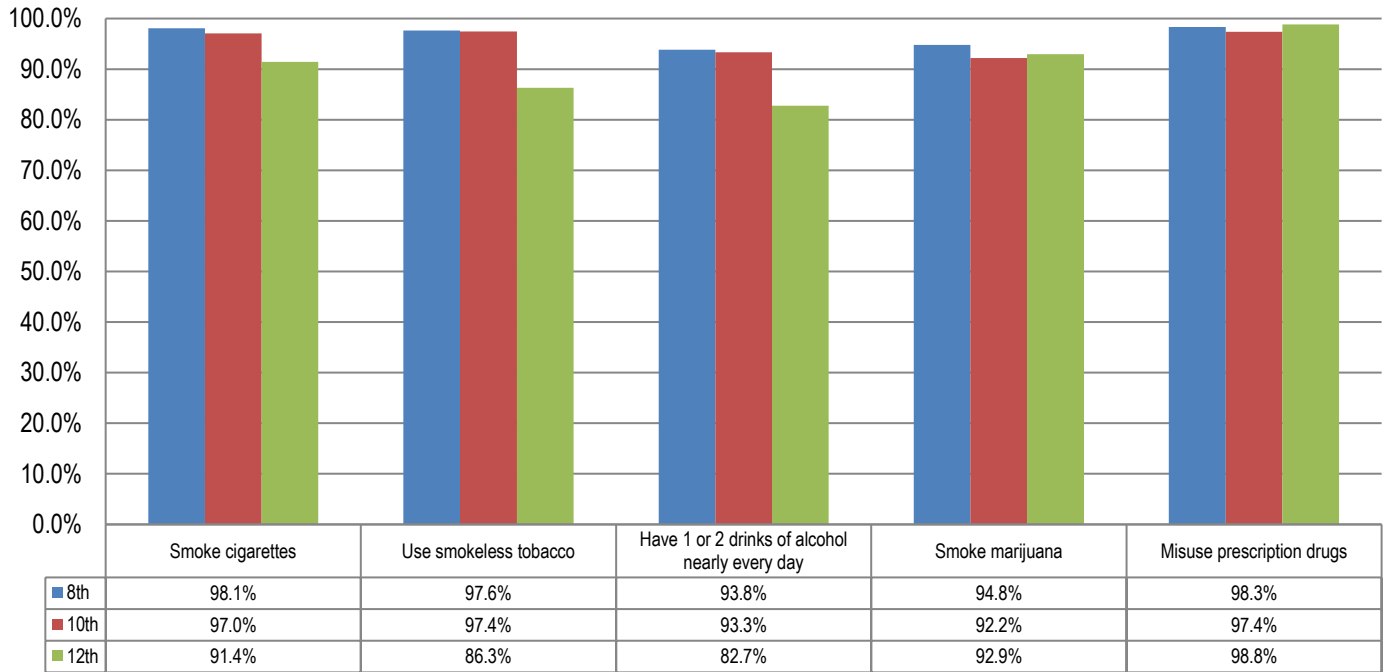
Note. *Percentage who reported how wrong they think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

Percentage Reporting Peer Wrong or Very Wrong to Substance Use Behavior*, 2018



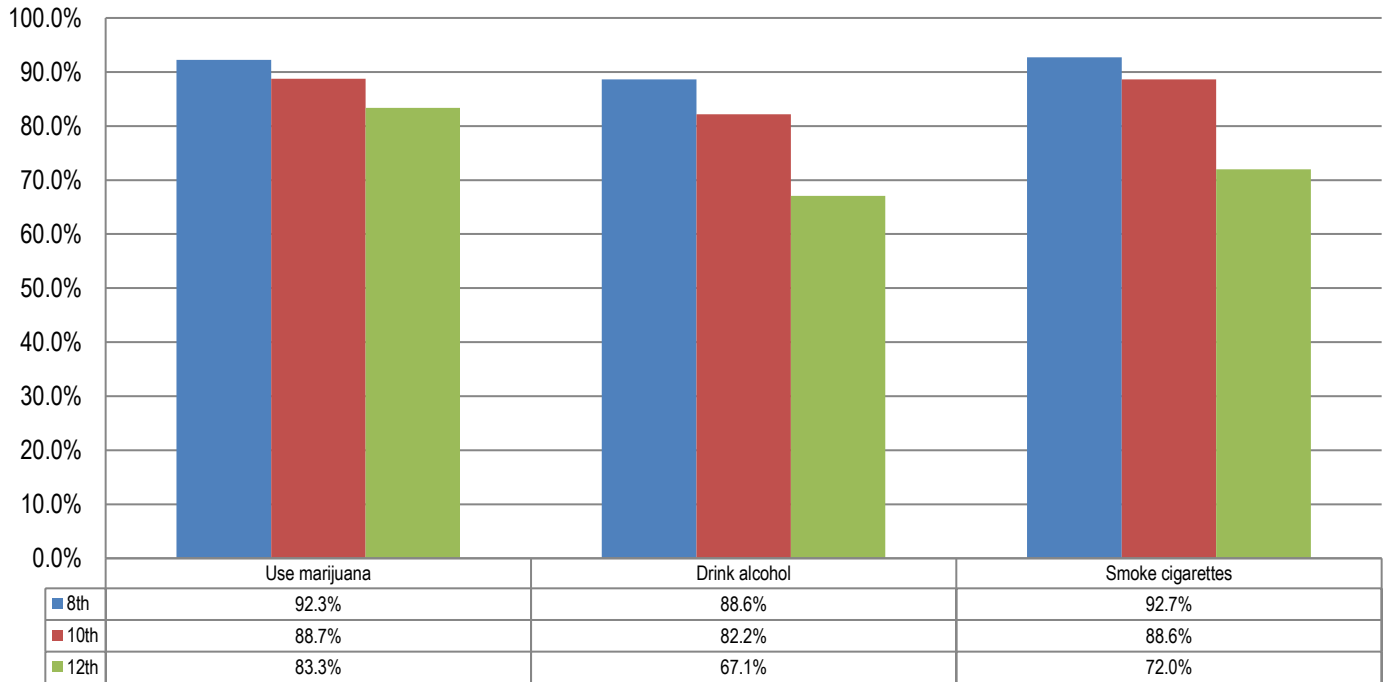
Note. *Percentage who reported how wrong their friends would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

Percentage Reporting Parent Wrong or Very Wrong to Substance Use Behavior*, 2018



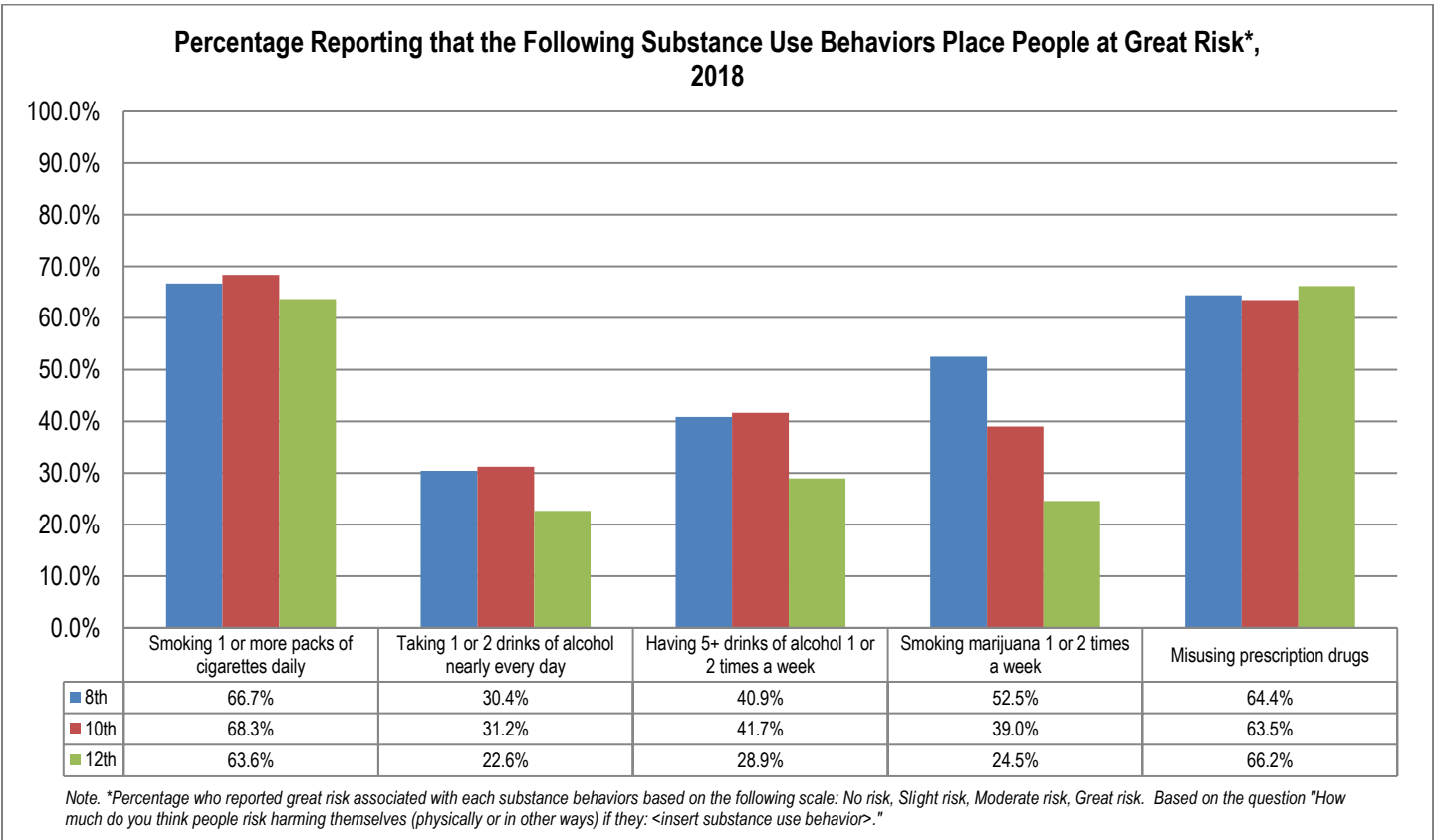
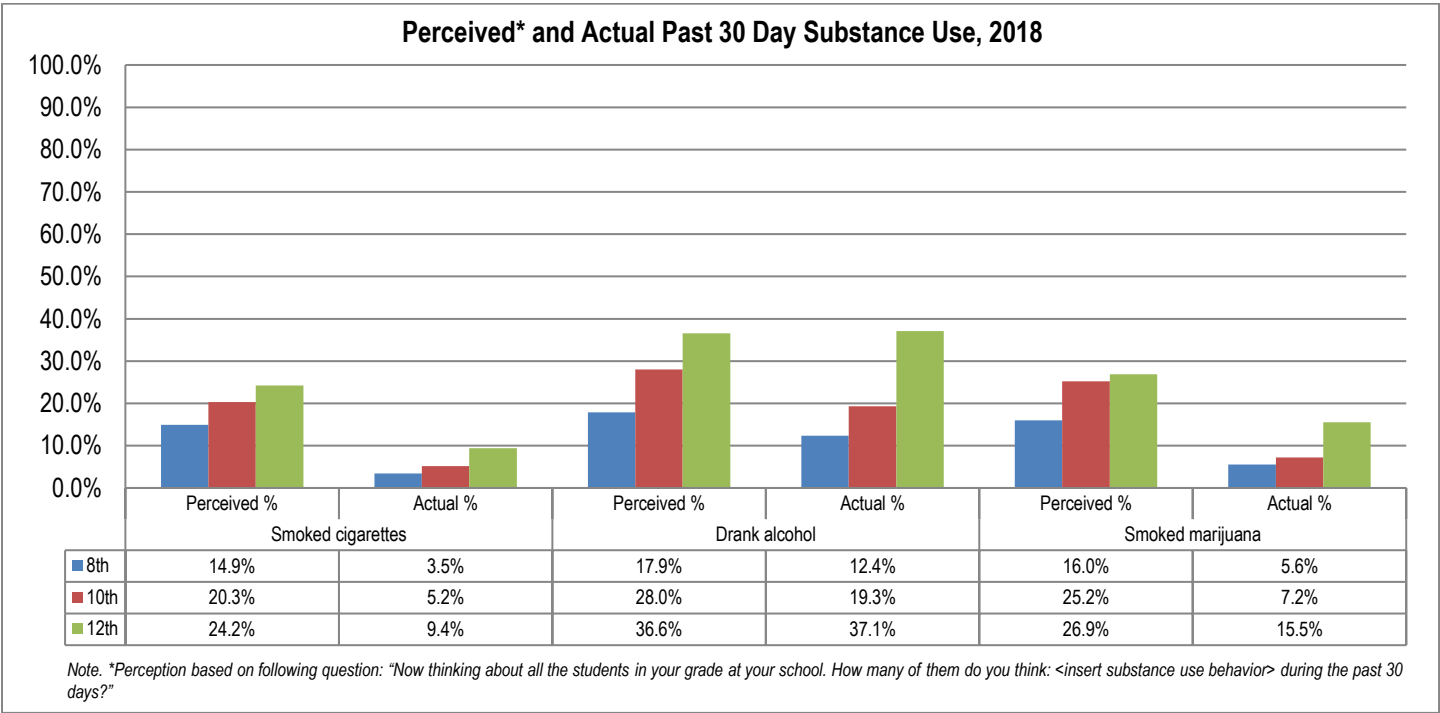
Note. *Percentage who reported how wrong their parents would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

Percentage Reporting Adults in Neighborhood Wrong or Very Wrong to Substance Use Behavior*, 2018

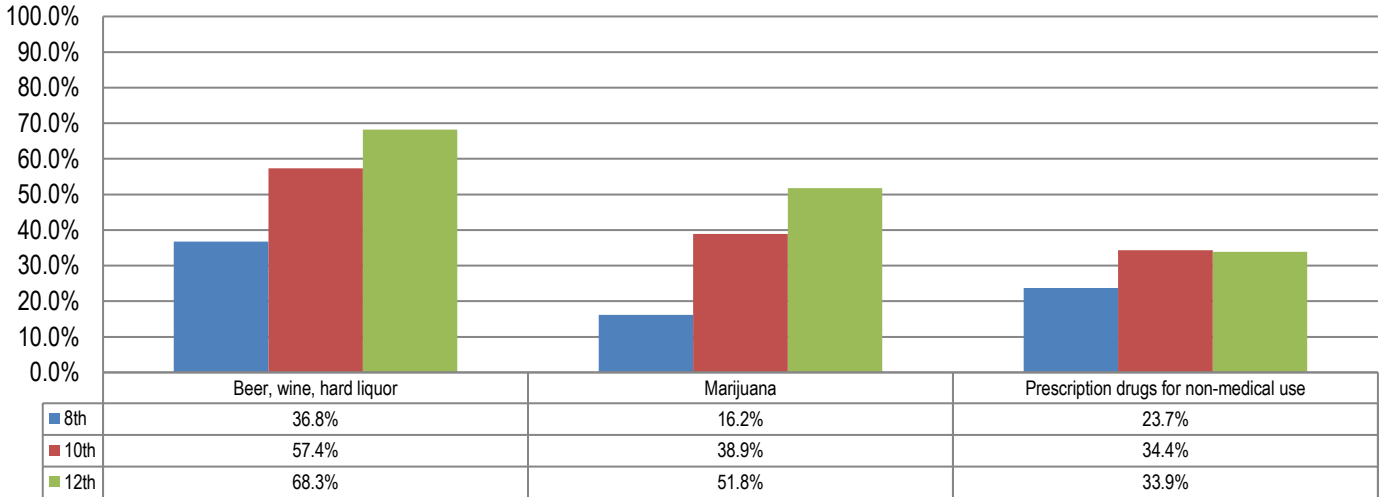


Note. *Percentage who reported how wrong adults in their neighborhood would think different substance behaviors are based on the following scale: Very wrong, Wrong, A little bit wrong, Not wrong at all.

Perceptions of Substance Use



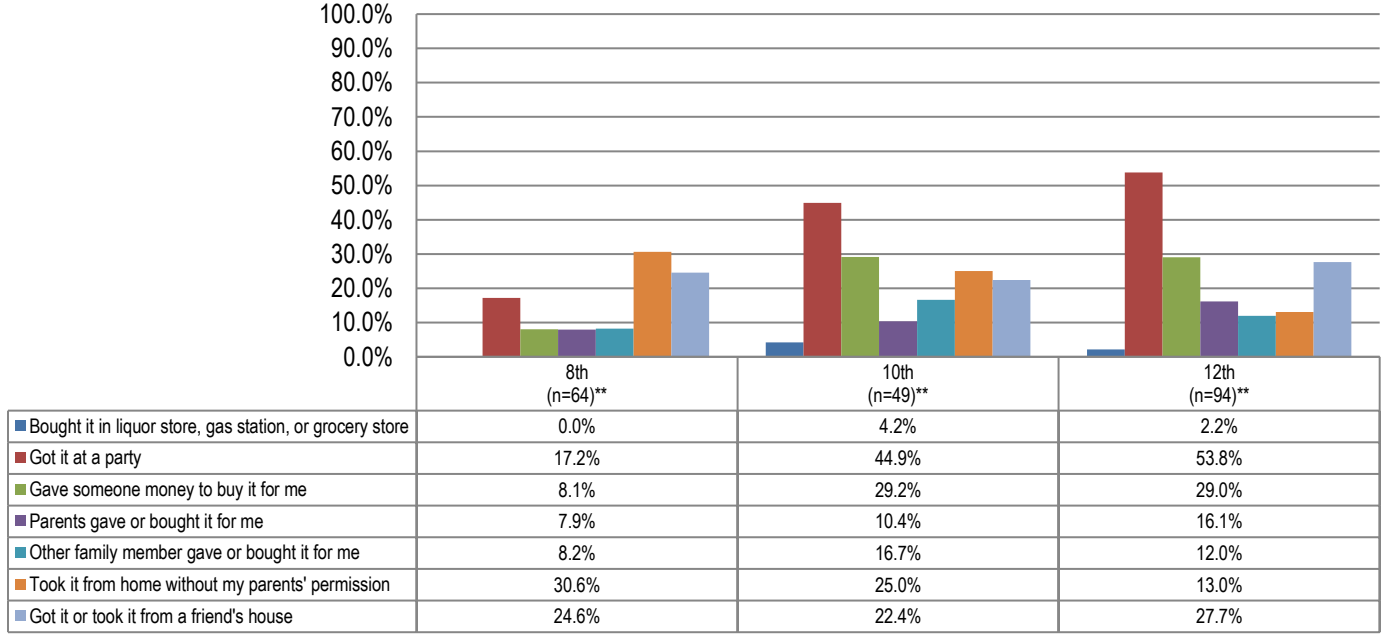
Percentage Reporting that the Following Substances are Sort of Easy or Very Easy to Obtain*, 2018



Note: *Percentage who reported it is sort of or very easy to obtain each substances based on the following scale: Very hard, Sort of hard, Sort of easy, Very easy. Based on the question "If you wanted to, how easy would it be for you to get: <insert substance use behavior>."

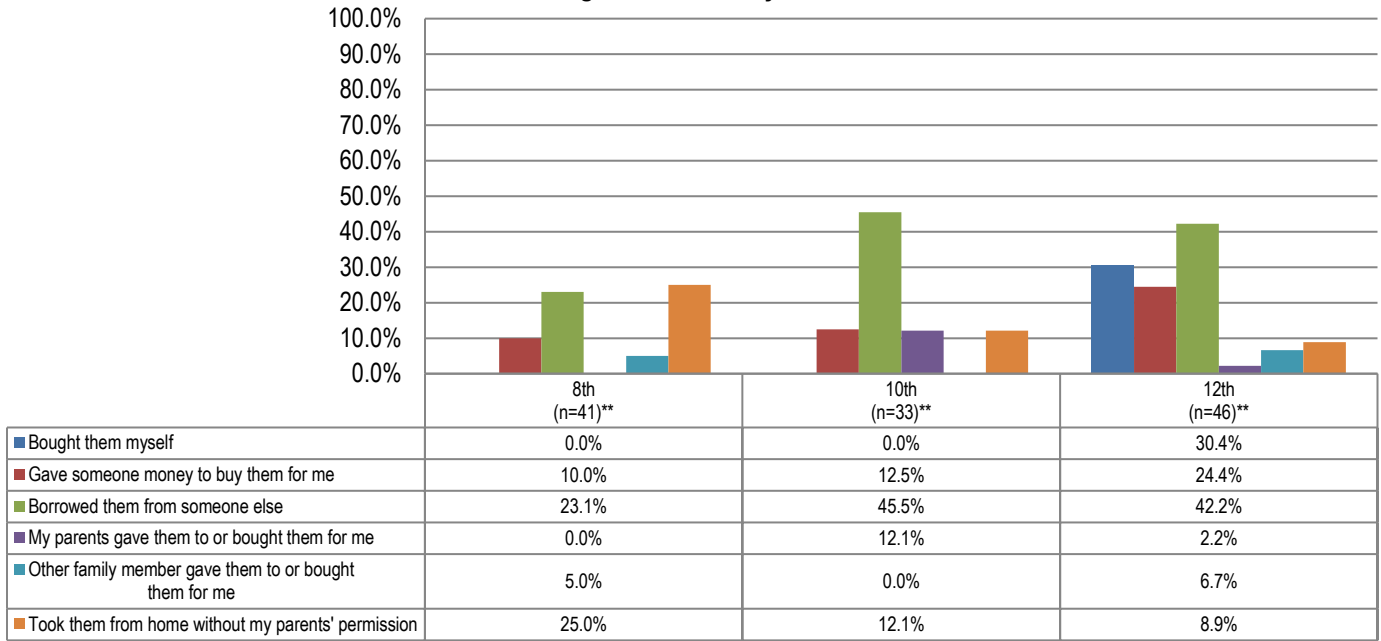
Sources of Substances

Sources for Obtaining Alcohol during the Past 30 Days, among Students who Reported Drinking during the Past 30 Days*, 2018



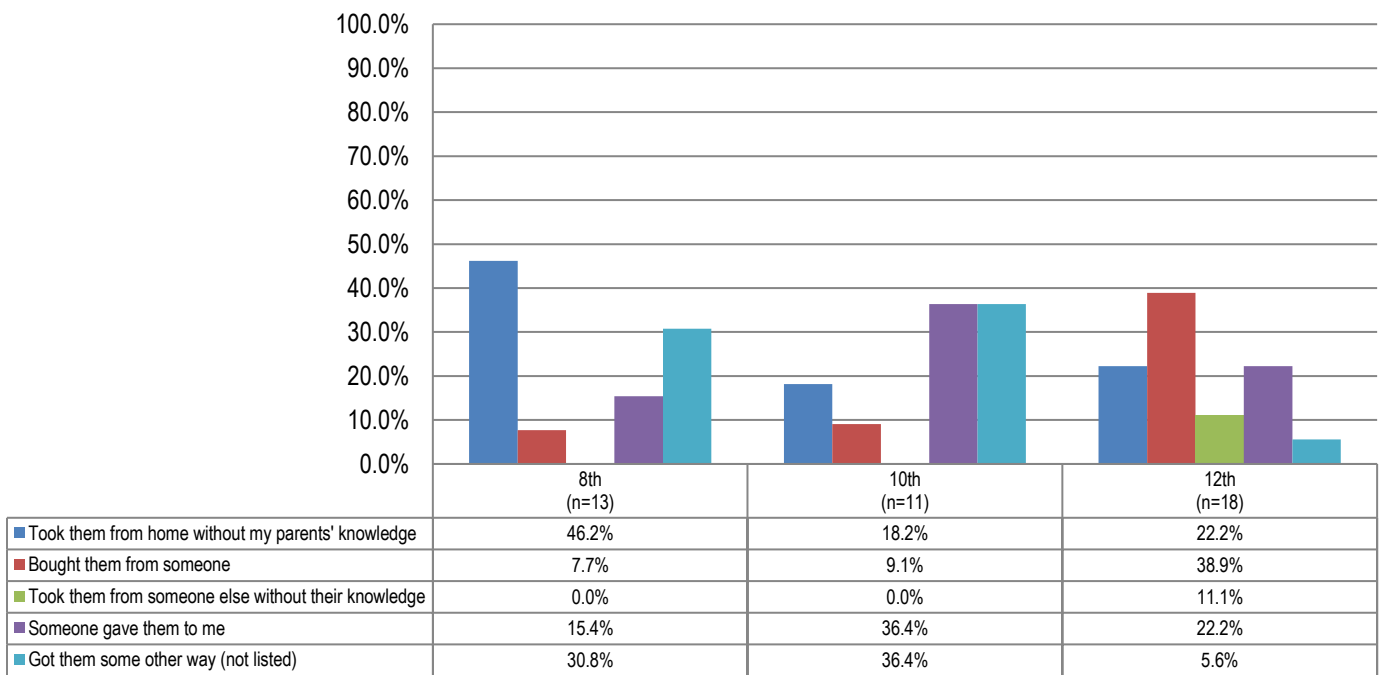
Notes: *Among past 30 day alcohol users, the percentage who reported obtaining alcohol in each manner during the past 30 days. **The n-size displayed is the largest n-size across these questions. Because each source is asked individually, the n-size may vary across sources.

Sources for Obtaining Cigarettes during the Past 30 Days, among Students who Reported Smoking during the Past 30 Days*, 2018



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.

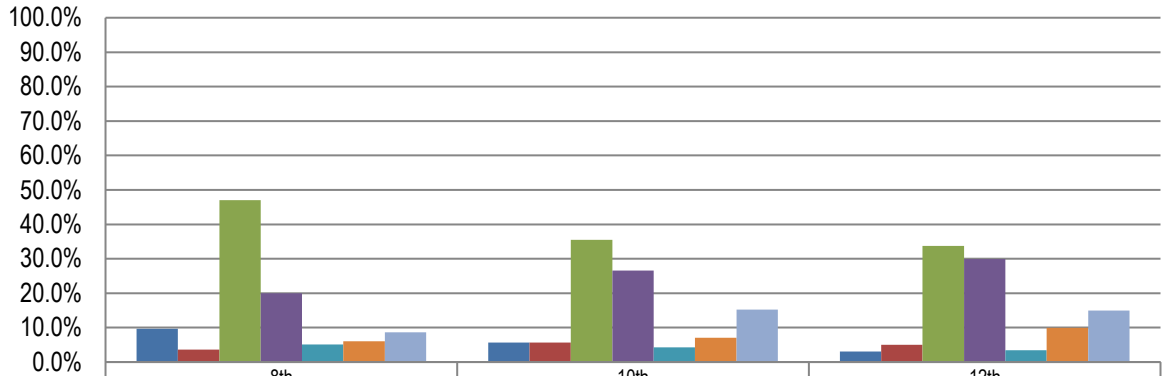
Sources for Obtaining Prescription Drugs during the Past 30 Days, among Students who Reported Taking Prescription Drugs during the Past 30 Days*, 2018



Notes. *Among past 30 day prescription drug users, the percentage who reported obtaining prescription drugs in each manner during the past 30 days.

Other Substance-Related Topics

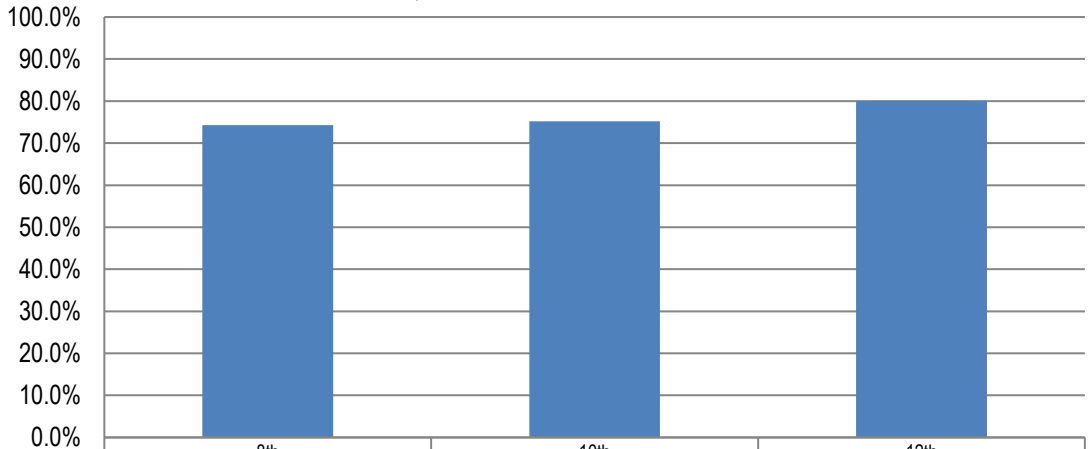
First Person to go to for Drug or Alcohol Problem*, 2018



	8th (n=415)**	10th (n=282)**	12th (n=261)**
■ A counselor in school	9.6%	5.7%	3.1%
■ Another adult in school	3.6%	5.7%	5.0%
■ Parents or caregivers	47.0%	35.5%	33.7%
■ Friends	20.0%	26.6%	29.9%
■ Counselor or program outside of school	5.1%	4.3%	3.4%
■ Another adult outside of school	6.0%	7.1%	10.0%
■ Wouldn't go to anyone	8.7%	15.2%	14.9%

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.

Percentage Reporting Seeing or Hearing Anti-Alcohol or Anti-Drug Messages during the Past 12 Months*, 2018

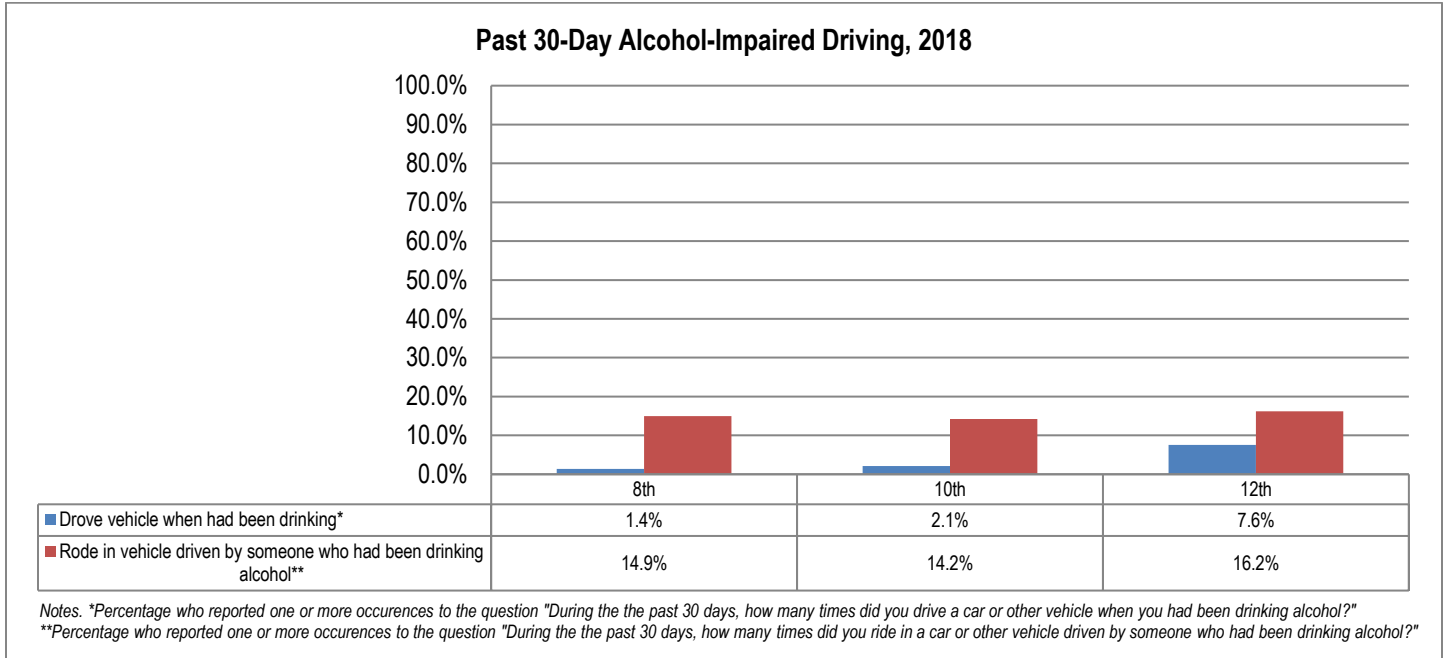


Notes. *Percentage who reported "Yes" to the question "In the past 12 months, have you seen or heard any anti-alcohol or anti-drug messages on TV, the internet, the radio, or in newspapers or magazines?"

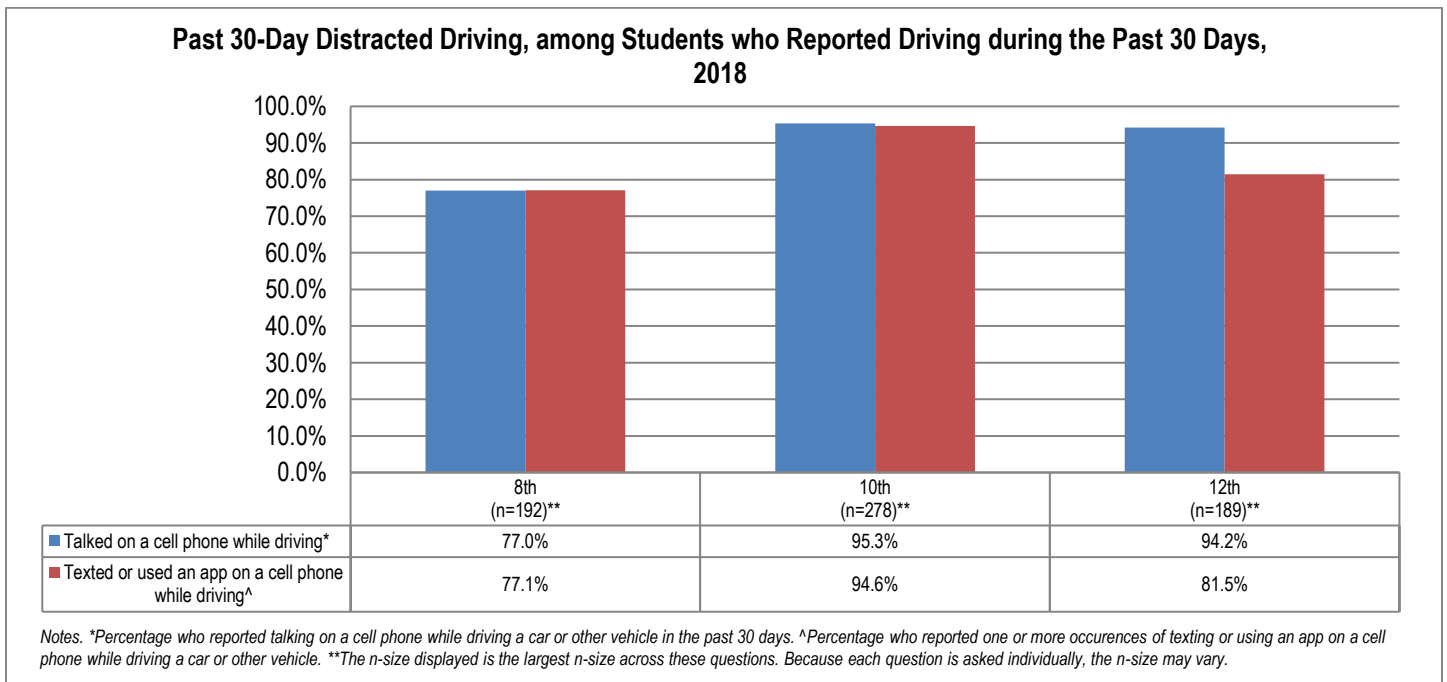
Transportation Safety

This section contains information on transportation safety relating to alcohol-impaired and distracted driving among 8th, 10th, and 12th grade students in Nebraska.

Past 30 Day Alcohol-Impaired Driving



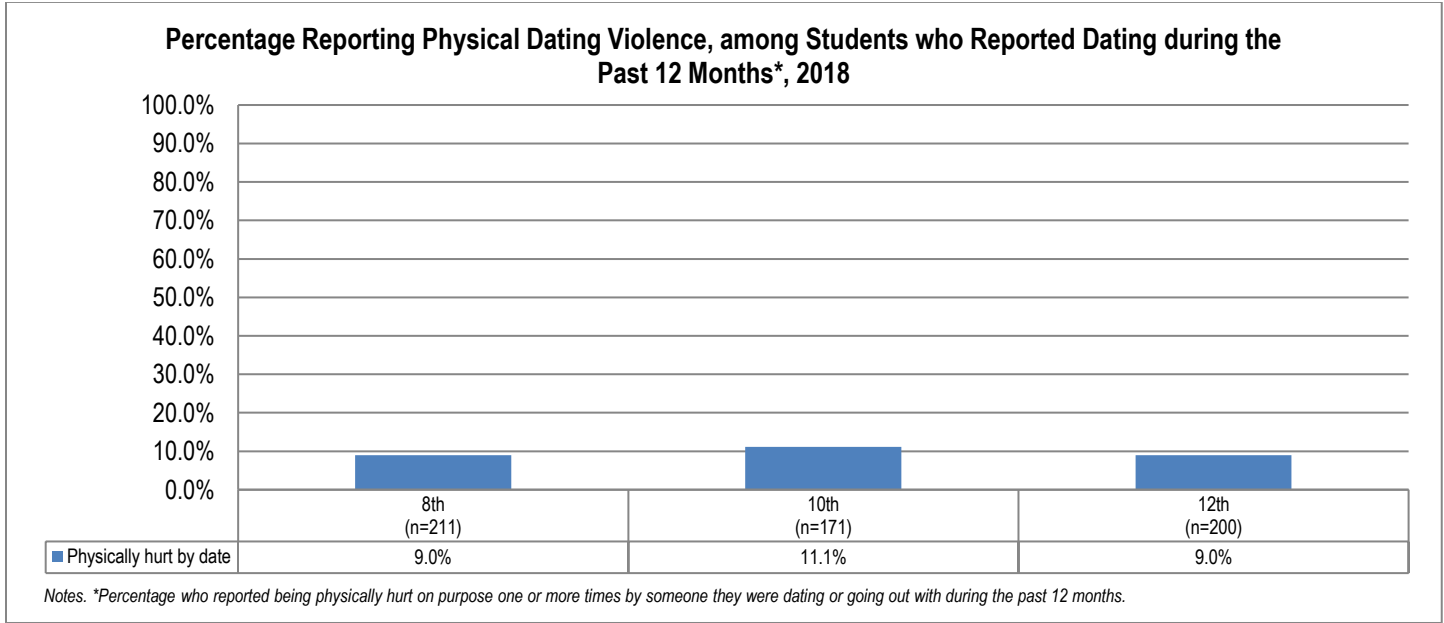
Past 30 Day Distracted Driving



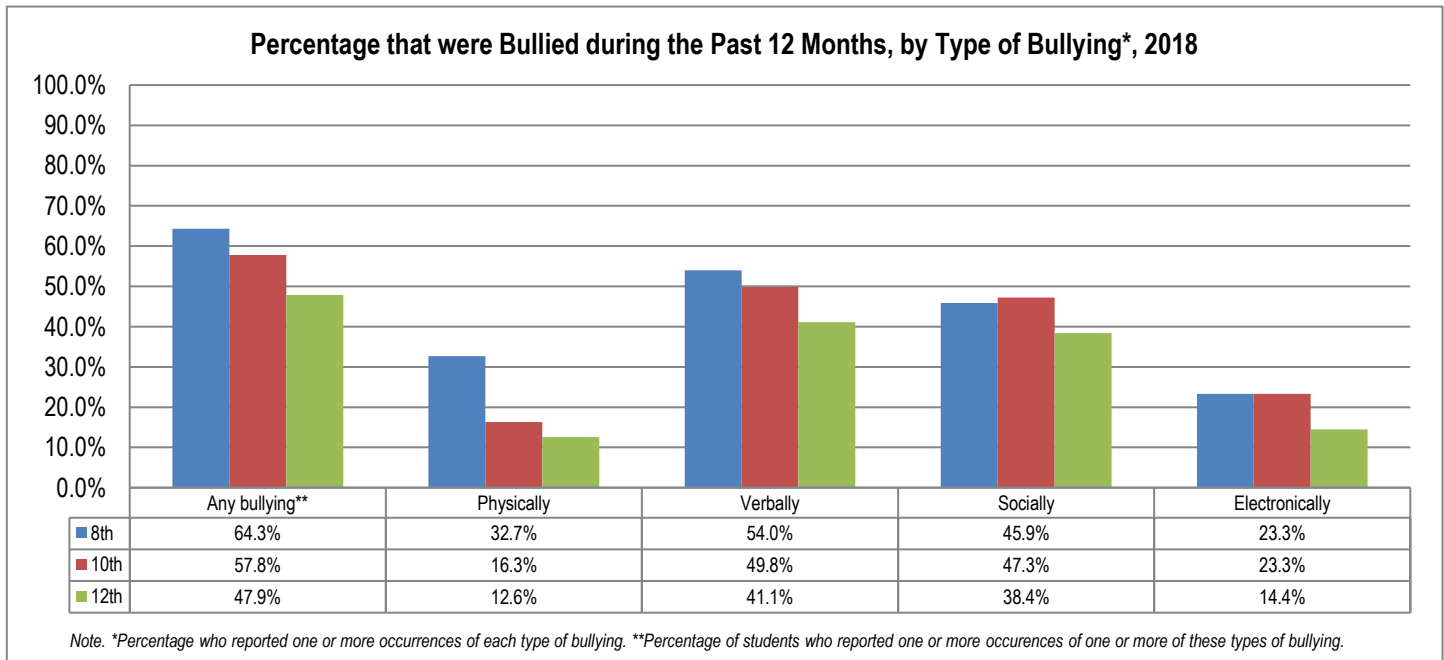
Violence, Bullying, and Mental Health

This section contains information on dating violence, bullying, anxiety, depression, suicide, and attitudes toward the future among 8th, 10th, and 12th grade students in Nebraska.

Dating Violence during the Past 12 Months

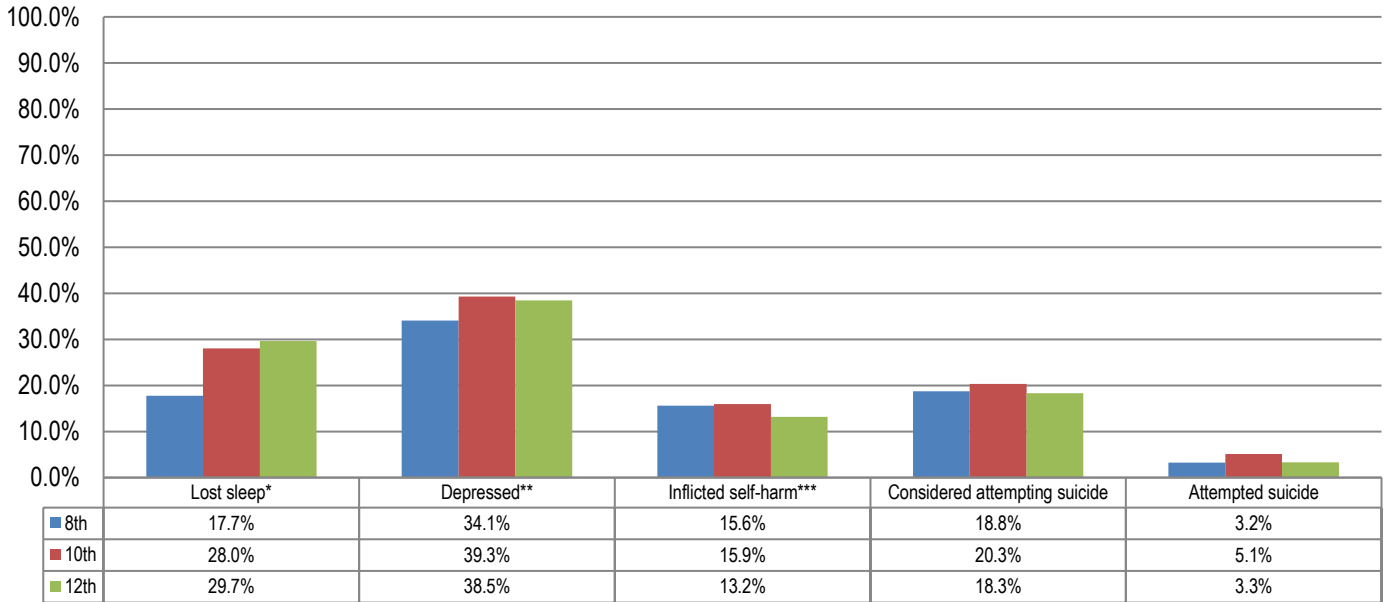


Bullying during the Past 12 Months



Anxiety, Depression, and Suicide during the Past 12 Months

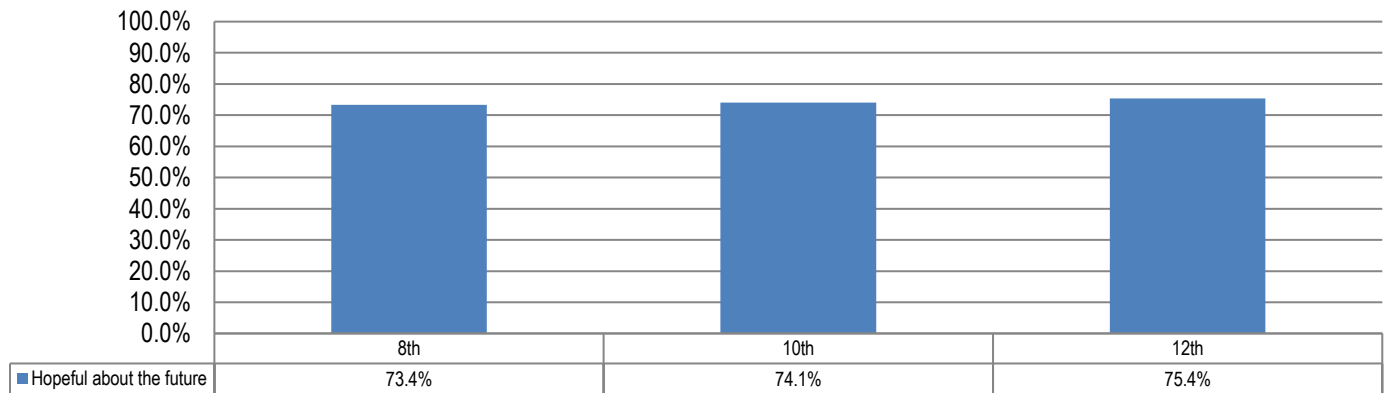
Percentage Reporting Anxiety, Depression, and Suicide during the Past 12 Months, 2018



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?"

Attitudes toward the Future

Percentage Reporting they were Hopeful About the Future during the Past Week*, 2018

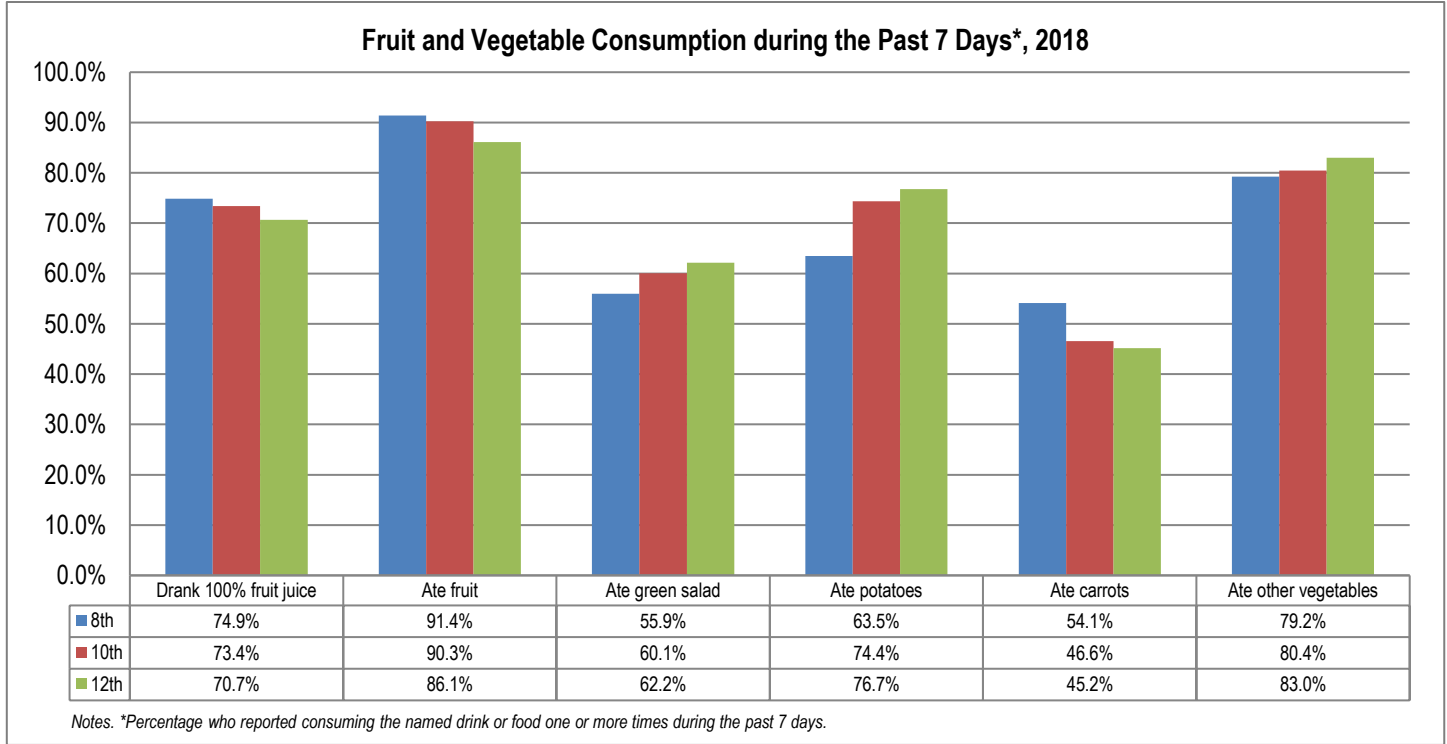


Notes. *Percentage who reported they "Agree" or "Strongly agree" to the question "In the past week, I have felt hopeful about the future." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.

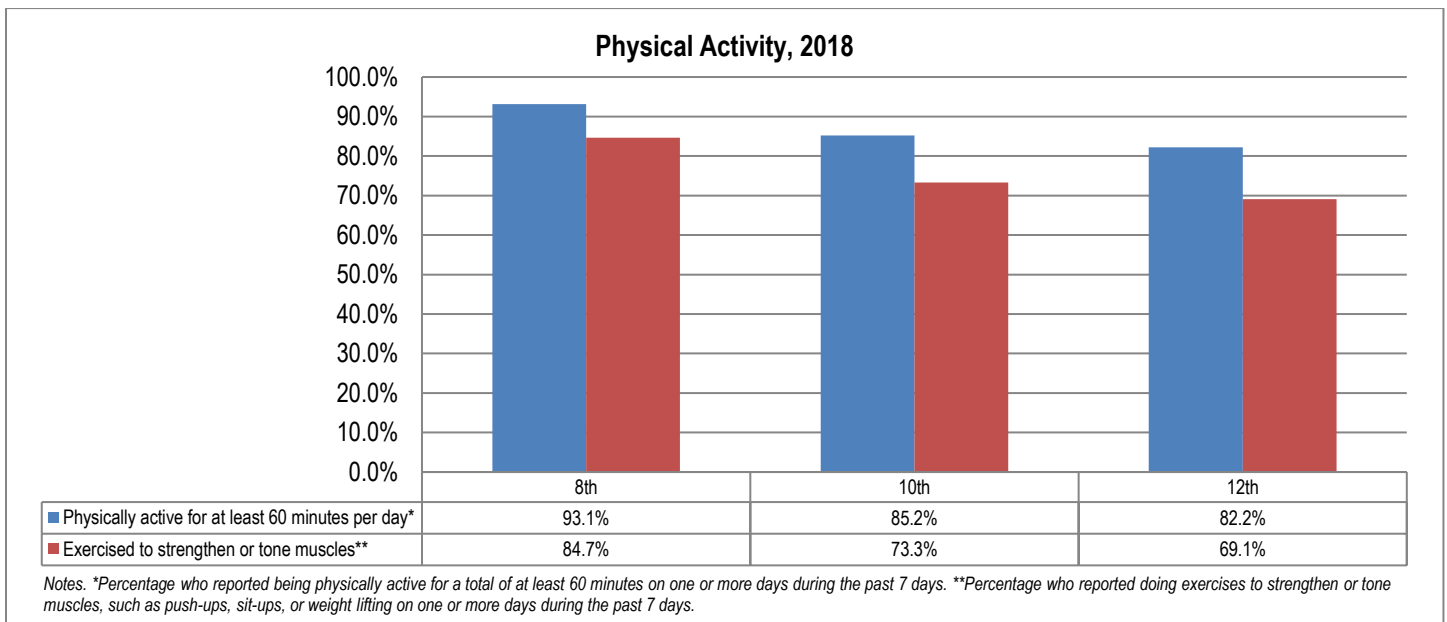
Nutrition and Physical Activity

This section contains information on fruit and vegetable consumption and physical activity among 8th, 10th, and 12th grade students in Nebraska.

Fruit and Vegetable Consumption during the Past 7 Days



Physical Activity

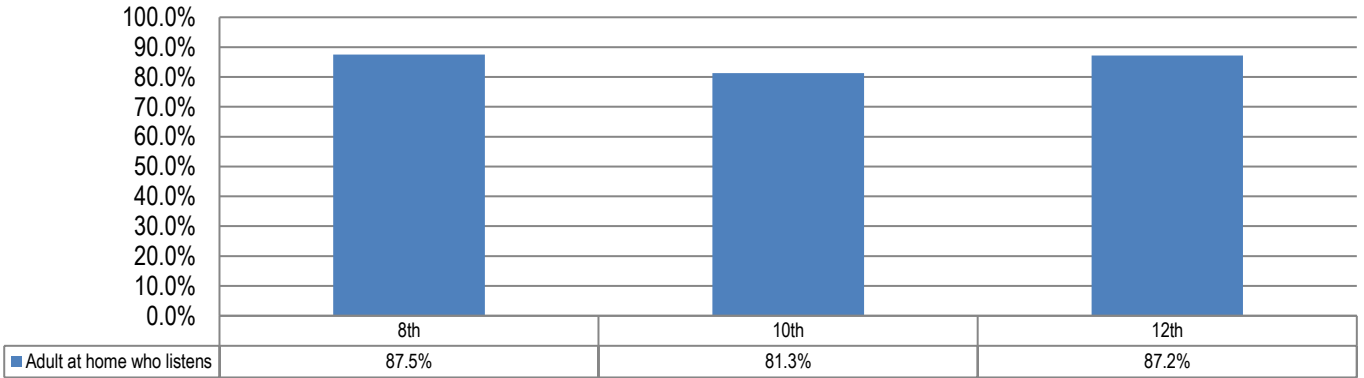


Feelings and Experiences at Home, School, and in the Community

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

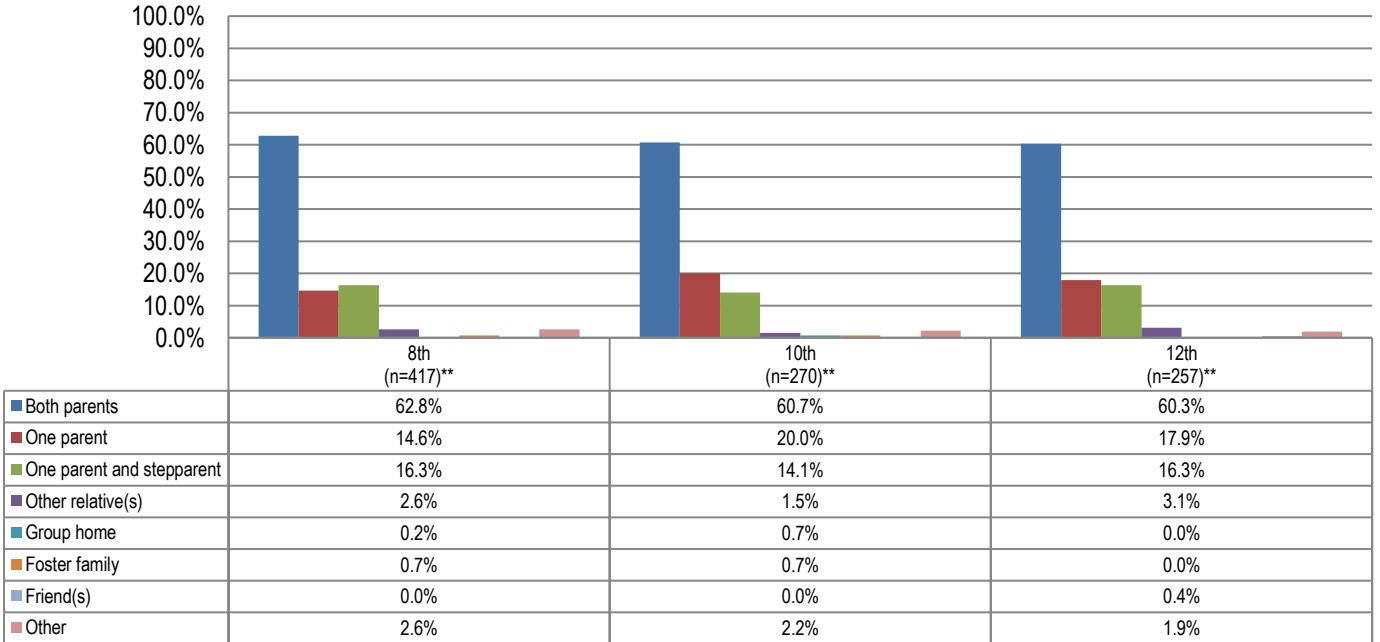
Feelings and Experiences with Family

Percentage Reporting Adult at Homes Who Listens*, 2018



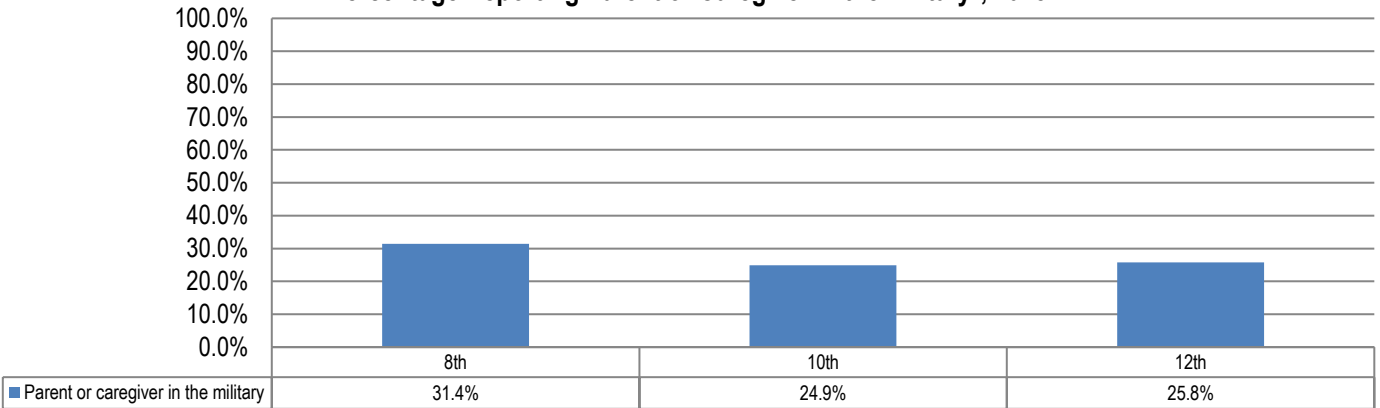
Notes. *Percentage who reported they "Agree" or "Strongly agree" to the statement "In my home, there is an adult who listens to me when I have something to say." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.

Percentage Reporting Living with the Following People*, 2018



Notes. *Based on the question "Do you live with:". **The n-size displayed is the same for all people given that who they live with is asked as one question.

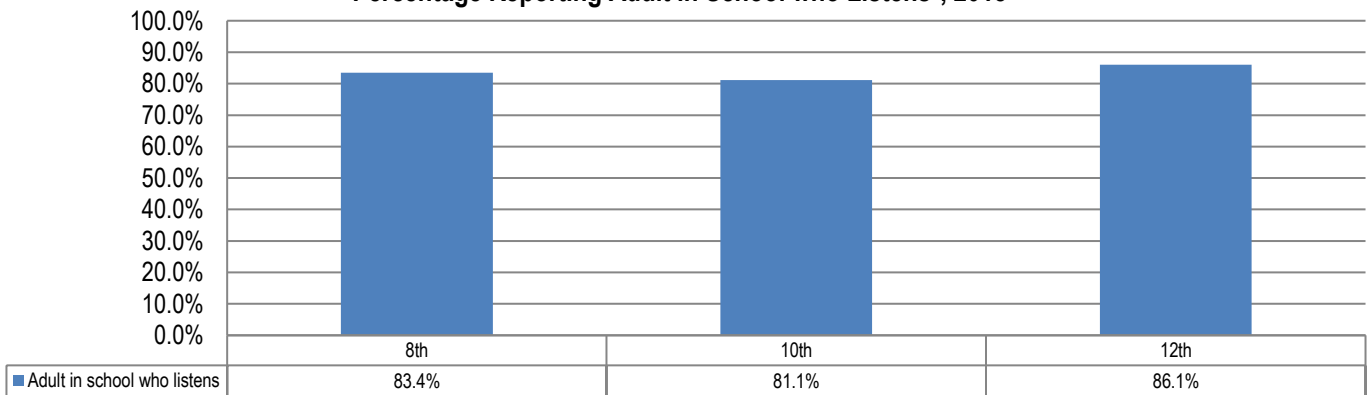
Percentage Reporting Parent or Caregiver in the Military*, 2018



Notes. *Percentage who reported "Yes" to the question "During any time in your life, have any of your parents or caregivers served in the military?"

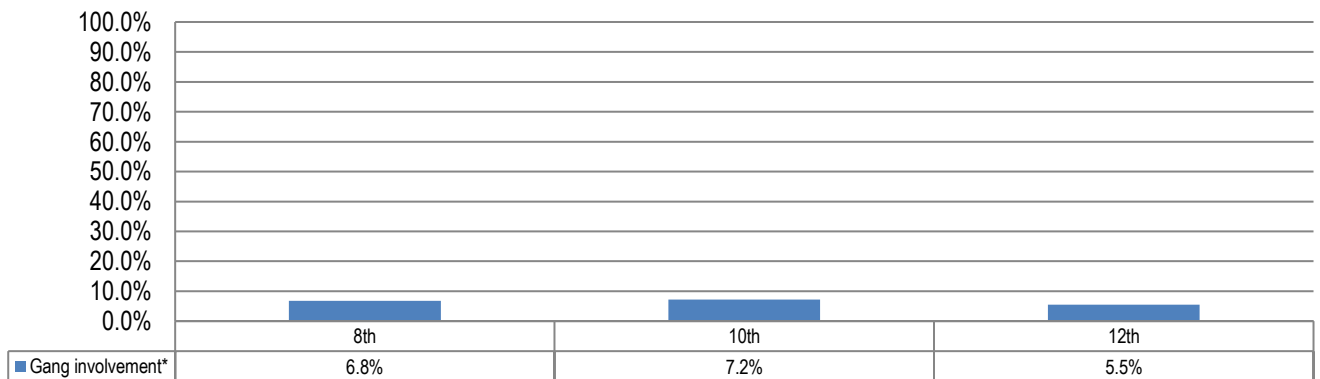
Feelings and Experiences at School and in the Community

Percentage Reporting Adult in School who Listens*, 2018



Notes. *Percentage who reported they "Agree" or "Strongly agree" to the statement "In my school, there is an adult (such as a counselor, teacher, or coach) who listens to me when I have something to say." Based on the following scale: Strongly disagree, Disagree, Agree, Strongly agree.

Percentage Reporting Gang Involvement*, 2018



Notes. *Percentage who reported "Yes" to the question "Do you belong to a gang?"

Tips for Using the NRPFSS Results

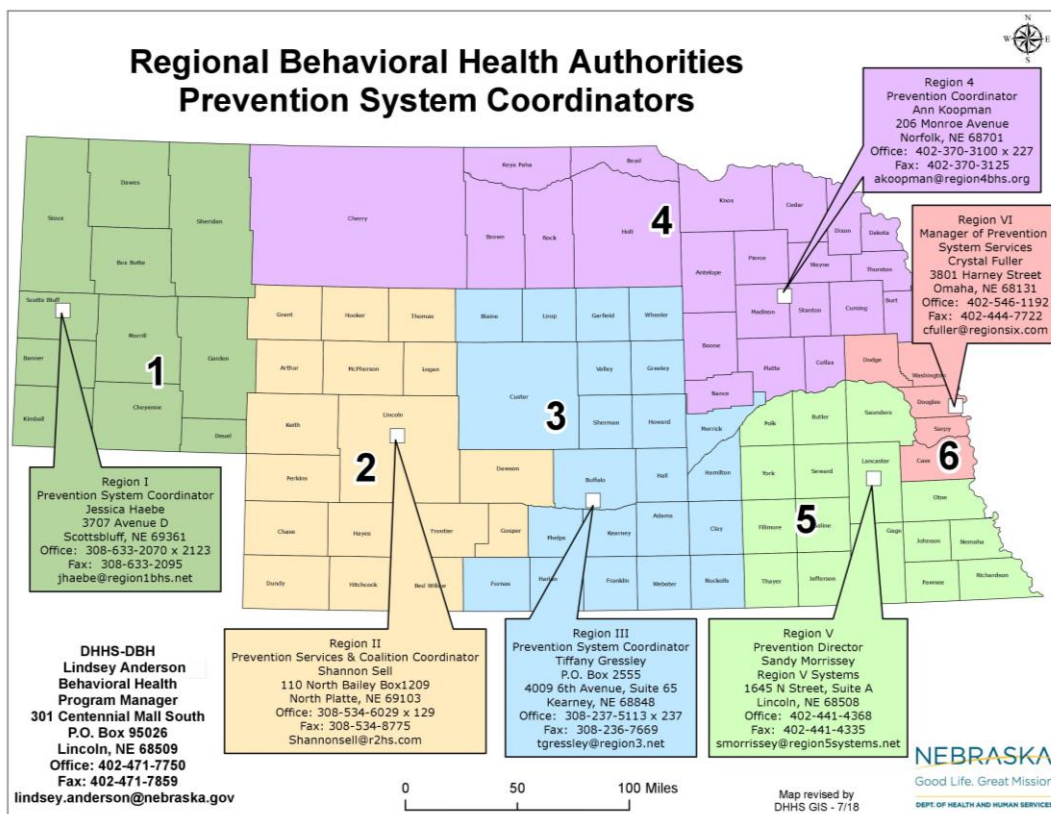
As a valued stakeholder in your community, you play an important role in prevention by teaching skills, imparting knowledge, and in helping to establish a strong foundation of character and values based on wellness, including prevention of substance use, suicide, and other risky behaviors. Preventing 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 Evidence-Based Practices Resource Center**
 - This is a searchable online evidence-based repository and review system designed to provide the public with reliable information on mental health and substance use interventions that are available for implementation.
 - **Website:** <https://www.samhsa.gov/ebp-resource-center>

- **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/>.

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	8th					10th					12th				
		2010	2012	2014	2016	2018	2010	2012	2014	2016	2018	2010	2012	2014	2016	2018
Lifetime Substance Use	Alcohol	36.1%*	27.0%*	22.7%	20.5%	29.5%	46.2%*	48.9%*	39.7%	52.0%	44.0%	65.9%*	57.1%*	59.9%	63.4%	73.6%
	Cigarettes	24.0%*	17.5%*	10.4%	5.8%	8.0%	30.0%*	33.4%*	26.5%	24.0%	16.8%	46.9%*	42.0%*	42.2%	38.2%	31.2%
	Smokeless tobacco	10.5%*	6.8%*	5.2%	4.4%	6.1%	18.9%*	19.1%*	15.8%	18.5%	8.6%	30.0%*	21.4%*	23.0%	26.9%	22.6%
	Marijuana	8.7%*	9.9%*	6.5%	5.7%	9.5%	19.9%*	31.2%*	23.0%	24.6%	20.8%	34.3%*	32.3%*	40.6%	39.8%	34.7%
	LSD/other psychedelics	1.2%*	0.3%*	0.3%	0.0%	2.0%	2.5%*	3.0%*	2.1%	3.8%	3.1%	3.8%*	1.6%*	4.5%	7.2%	4.9%
	Cocaine/crack	1.5%*	0.3%*	0.3%	0.0%	0.5%	1.0%*	1.2%*	1.5%	1.9%	0.7%	4.8%*	0.4%*	3.1%	4.0%	3.4%
	Meth	0.9%*	0.0%*	1.0%	0.0%	0.7%	0.3%*	0.6%*	0.3%	0.7%	0.7%	2.4%*	1.2%*	0.7%	2.5%	1.1%
	Inhalants	9.3%*	6.3%*	4.7%	2.7%	3.9%	5.7%*	4.0%*	3.3%	3.3%	3.4%	6.6%*	4.0%*	2.1%	1.2%	4.6%
Past 30 Day Substance Use	Alcohol	9.0%*	3.9%*	4.7%	4.4%	12.4%	18.6%*	20.8%*	14.9%	28.1%	19.3%	31.4%*	26.0%*	24.4%	36.0%	37.1%
	Binge drinking	6.9%*	1.2%*	2.1%	1.7%	2.3%	13.1%*	13.9%*	10.0%	10.0%	6.0%	24.0%*	19.8%*	18.6%	16.0%	16.7%
	Cigarettes	4.7%*	3.0%*	3.4%	1.4%	3.5%	13.1%*	11.3%*	10.5%	10.1%	5.2%	23.1%*	16.4%*	19.5%	16.5%	9.4%
	Smokeless tobacco	4.2%*	2.4%*	1.8%	2.2%	3.2%	8.3%*	7.6%*	10.8%	13.4%	4.8%	13.4%*	12.1%*	13.5%	16.1%	16.5%
	Marijuana	3.6%*	3.9%*	1.6%	2.5%	5.6%	8.7%*	13.3%*	10.0%	12.2%	7.2%	13.2%*	11.1%*	19.5%	18.4%	15.5%
	Prescription drugs	1.2%*	0.6%*	0.5%	0.6%	1.1%	5.1%*	3.4%*	2.7%	3.1%	1.0%	6.9%*	3.6%*	4.9%	4.0%	3.0%
Age of First Use (12 or Younger)	Smoked cigarettes	17.0%*	11.1%*	6.4%	5.3%	6.3%	13.1%*	11.0%*	11.7%	8.9%	6.6%	16.6%*	8.8%*	10.1%	9.4%	8.0%
	Drank alcohol	20.5%*	18.1%*	14.2%	12.1%	18.0%	11.9%*	12.0%*	14.5%	13.7%	11.7%	8.3%*	8.8%*	8.4%	5.6%	11.4%
	Smoked marijuana	2.1%*	2.4%*	1.6%	2.0%	5.2%	2.9%*	2.4%*	3.4%	3.8%	4.0%	4.1%	3.1%	2.5%	2.2%	2.2%
Experiences at School	Grades were A's and B's	75.4%*	77.4%*	83.1%	85.5%	82.7%	71.7%*	75.1%*	73.1%	79.3%	80.8%	74.1%*	85.7%*	82.4%	78.3%	87.5%
	Felt safe	89.4%*	93.0%*	87.6%	87.1%	87.8%	88.8%*	87.5%*	86.6%	85.2%	80.5%	90.0%*	93.9%*	85.0%	88.7%	85.7%
Experiences with Families	Help for personal problems ¹	79.1%*	86.4%*	88.5%	86.7%	83.8%	78.7%*	78.0%*	82.1%	83.0%	77.4%	77.7%*	83.3%*	78.8%	82.4%	87.5%
	Discussed dangers of alcohol ¹	50.2%*	50.6%*	55.9%	46.3%	46.3%	54.6%*	42.9%*	50.0%	39.8%	43.3%	41.8%*	52.3%*	43.3%	33.0%	43.9%

*In 2014, there was a change in the counties included in this health department's region. Despite this variation, trend data should not be significantly impacted.

¹Prior to 2016, the question asked students about their "parents" or "mom or dad". In 2016, the wording was changed to "parents or caregivers".

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.

APPENDIX B: Contacts for Prevention

Division of Behavioral Health

Nebraska Department of Health and Human Services
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Tobacco Free Nebraska

Nebraska Department of Health and Human Services
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Tobacco Free Nebraska Program Manager
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