

# Nebraska Risk and Protective Factor Student Survey 

## State Report 2005

Sponsored by: Nebraska Partners in Prevention through funding awarded by the Substance Abuse and Mental Health Services Administration to the Nebraska State Incentive Cooperative Agreement

Administered by:
Nebraska Department of Health and Human Services
and the Nebraska Department of Education
Conducted by:
Bach Harrison, L.L.C.

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## Acknowtedgements

The 2005 Nebraska Risk and Protective Factor Student Survey (NRPFSS) was sponsored by Nebraska Partners in Prevention through funding awarded by the Substance Abuse and Mental Health Services Administration to the Nebraska State Incentive Cooperative Agreement. The survey was administered by the Nebraska Department of Health and Human Services, the Nebraska Department of Education, and Bach Harrison, L.L.C.

We would like to extend our sincere appreciation to the school districts and schools that participated in administering this survey. A special "thank you" goes out to the students who completed the survey and their parents who supported their participation.

It took many individuals working together to make this effort a success, but it would be remiss for us not to give special recognition to the staff of the Nebraska Department of Health and Human Services and the Nebraska Department of Education for the support and effort they contributed to the project.

We hope schools and communities find this year's data useful for their planning purposes. We invite ALL schools in Nebraska to participate in the 2007 survey. If interested, please contact the Nebraska Department of Health and Human Services at (402) 471-7733.

The Nebraska Risk and Protective Factor Student Survey (NRPFSS) was administered in the Fall of 2005 to 28,592 Nebraska students in grades 6, 8, 10 , and 12 ( 27,625 valid 6th, 8th, 10th, and 12th grade surveys are included in these analysis). The survey was designed to assess adolescent substance use, anti-social behavior, and the risk and protective factors that predict adolescent problem behaviors. The Nebraska survey is adapted from a national, scientifically-validated survey and contains information on the risk and protective factors that are: 1) locally actionable, 2) not obtainable through any other source and 3 ) more highly correlated with substance abuse. One of the goals of the survey was to provide schools and communities with local-level data to assist in planning comprehensive, evidencebased prevention initiatives.

The NRPFSS is intended to serve as a complementary component of a comprehensive community assessment process that includes multiple data sources: archival and social indicators, assessment of existing resources, key informant interviews, as well as data from this survey.
survey asked students about recent and lifetime use of alcohol, tobacco and other drugs (ATODs); gambling behavior; and anti-social behaviors such as violence toward others, theft, and delinquency. The survey also asked students who reported using alcohol and cigarettes 1 ) where they obtained the substance, and 2) where they last used the substance. The survey also included an assessment of those protective factors that exert a positive influence or buffer against the likelihood that students will engage in problem behaviors.

The NRPFSS was sponsored by Nebraska Partners in Prevention (NePiP), the Governor's Advisory Council for substance abuse prevention, and was administered by the Nebraska Health and Human Service System's Division of Behavioral Health Services and the Nebraska Department of Education with assistance from Bach Harrison, L.L.C.

The NRPFSS was designed to measure prevalence and incidence rates of substance abuse and anti-social behaviors among Nebraska youth, and provide community-level profiles of the factors that have been shown to place youth at risk for substance abuse, delinquency, school drop-out, and other problem behaviors. In assessing potential problem behaviors, the

## Participation by Nebraska Youth

All schools with students in grades $6,8,10$, and 12 were invited to participate in the NRPFSS. While not all schools participated, the fact that 28,592 students in grades $6,8,10$, and 12 across Nebraska completed the survey makes this survey a good estimate of the rates of ATOD use, anti-social behavior, and levels of risk and protection for youth in Nebraska. For the schools and communities that chose to participate in the survey, the results provide information specific to the school and community about the problems faced by youth and their levels of risk and protection. The survey results provide considerable information for communities to use in planning comprehensive prevention initiatives.

## Substance Use Rates

Throughout the 2005 Report, tables are used to illustrate survey information. For example, Table 1 shows the percentages of Nebraska youth in the 6th, 8th, 10th, and 12th grades that used the 13 categories of ATODs that comprise the "Any Drug" category at some time during their life. (Note: Steroids, prescription drugs, and performance enhancers were added to the Nebraska "Any Drug" category for 2005. This explains in part the difference in "Any

Drug" use from 2003 to 2005.) Lifetime use is a measure of the percentage of students who tried a particular substance at least once in their life and is used to show the level of experimentation with that particular substance.

The results of the Nebraska survey are also compared to a national survey that is conducted each year by the University of Michigan called Monitoring the Future (MTF). MTF only surveys students in the 8th, 10th, and 12th grades.

When looking at the Nebraska and MTF lifetime survey results (Table 1), more Nebraska survey participants in the 8th and 12th grades reported lifetime experience with alcohol than the national sample ( $2.1 \%$ higher for Nebraska 8th graders and $4.0 \%$ higher for Nebraska 12th graders ). In addition, Nebraska 10th and 12th graders had higher lifetime smokeless tobacco use rates than 10th and 12th graders in the national sample ( $3.2 \%$ higher for Nebraska 10th graders and $9.8 \%$ higher for Nebraska 12th graders).

Nebraska youth in all grades (8th, 10th, and 12th) reported using the following substances less in their lifetime than students nationally: marijuana (Nebraska use was $8.8 \%$ to $13.5 \%$ less than MTF students in each grade), hallucinogens (Nebraska use was $3.0 \%$ to $5.1 \%$ less than MTF), and cocaine (Nebraska use was $2.5 \%$ to $3.0 \%$ less than MTF students).

Table 1 also shows that rates of lifetime cigarette use by Nebraska students significantly decreased in all grades since the 2003 survey. Decreases were also seen in lifetime 6th grade marijuana and inhalant; lifetime 8th grade smokeless tobacco use; lifetime 10th grade alcohol, smokeless tobacco, marijuana, and methamphetamine use; and lifetime 12th grade smokeless tobacco, marijuana, and methamphetamine use.

Table 2 on page xii shows the percentage of youth in grades $6,8,10$, and 12 who reported using ATODs in the 30 days prior to completing the survey. Nebraska students reported ATOD use at higher than national rates for the following grades and substances: smokeless tobacco use ( $10^{\text {th }}$ graders at $3.5 \%$ more and 12th graders at $5.3 \%$ ); inhalants ( 8 th graders at $1.5 \%$ more and 10th graders at $1.7 \%$ more); and 30 -day cigarette use ( 12 graders at $2.9 \%$ more).

Rates of 30-day use rates of marijuana among Nebraska students, however, are significantly lower than the use rates for the nation for grades 8,10 , and 12 (3.4\%, 5.8\% and 6.2 lower, respectively).

Since the 2003 survey, past month use of alcohol for Nebraska youth decreased from $1.7 \%$ to $4.7 \%$ in all grades, and $2.4 \%$ for the state overall. Decreases were also seen in past month cigarette use $(4.0 \%$ in the 10th grade, $1.9 \%$ in the 12th grade, and $1.0 \%$ for the state overall) and past month marijuana use ( $2.5 \%$ for $10^{\text {th }}$ graders and $2.0 \%$ for 12 th graders since the 2003 survey. There were no significant increases in past month substance use in any category since the 2003 survey.

## The Risk and Protective Factor Framework

The 2005 survey administration marks the second statewide effort to utilize the Risk and Protective Factor Framework to guide prevention efforts aimed at reducing youth problem behaviors. Risk factors are characteristics of school, community, and family environments, as well as characteristics of students and their peer groups that are known to predict increased likelihood of drug use, delinquency, school dropout, teen pregnancy, and violent behavior among youth. Dr.
J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington, Social Development Research Group have investigated the relationship between risk and protective factors and youth problem behavior and have established scientifically-validated correlations. For example, they have found that children who live in families with high levels of conflict are more likely to become involved in problem behaviors such as delinquency and drug use than children who live in families with low levels of family conflict.

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research reviewed by Drs. Hawkins and Catalano include bonding to family, school, community
and peers; healthy beliefs and clear standards for behavior; and individual characteristics. For bonding to serve as a protective influence, it must occur through involvement with peers and adults who communicate healthy values and set clear standards for behavior.

Research on risk and protective factors has important implications for prevention efforts. The premise of the risk and protective factor model is that, in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that predict the problem behaviors. By measuring risk and protective factors in a population, prevention initiatives can be implemented that will reduce the elevated risk factors and increase the protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring, tutoring, and increased opportunities and rewards for classroom participation can be provided to improve academic performance.

In order to make the results of the 2005 NRPFSS more usable, risk and protective profiles were developed that show the percentage of youth at risk and the percentage of youth with protection on each scale. A detailed description of how the profiles were developed is contained in Appendix E of this 2005 Nebraska Risk and Protective Factor Student Survey Report. Comparisons can be made between youth in Nebraska and a national sample of youth who have taken the same survey (a.k.a. the "seven-state norm").

An example of the substance use rates, and risk and protective factor profiles contained in the main report can be seen in Figures 1, 2, and 3. The samples are for 10th grade students in Nebraska who completed the survey. Similar profiles have been developed for the individual grades ( $6,8,10$, and 12), and sent to each participating school district. These profiles allow prevention planners to more precisely target prevention interventions.

Rates of 10th grade ATOD use and anti-social behavior can be seen in Figure 1 on page x . Tenth grade students have higher rates of lifetime use and 30day use for alcohol than any other substance. Riding in a car with a drunk driver was the highest frequency dangerous behavior engaged in by 10th grade students. See Appendix E for results for each grade level.

Figure 2 shows the percentage of 10th grade Nebraska students who are at risk for problem behaviors compared to the seven-state norm. In most cases, Nebraska 10th graders are less at risk than students in other states. The following five risk factor scales significantly decreased since the 2003 survey: Laws and Norms Favorable to Drug Use, Perceived Availability of Drugs, Low Commitment to School, Early Initiation of Drug Use, and Attitudes Favorable to Anti-social Behavior.

Nebraska 10th grade rates of protection were higher than the seven-state norm for all six protective factor scales, with the highest level of protection in Community and School Opportunities for Prosocial Involvement. In comparison to the 2003 survey results, Nebraska 10th graders indicated significant increases in protection for Community Opportunities for Prosocial Involvement and Belief in the Moral Order.

Figure 1


## Figure 2



Figure 3


Table 1

| Percentage of Nebraska Respondents Who Used ATODs During Their Lifetime by Grade |  |  |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Drug Used | Nebraska Grade 6 |  | Nebraska Grade 8 |  | MTF <br> Grade 8 | Nebraska <br> Grade 10 |  | MTF <br> Grade 10 | Nebraska <br> Grade 12 |  | MTF <br> Grade 12 | Total |  |
|  | 2003 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 |
| Alcohol | 20.7 | 21.5 | 41.7 | 43.1 | 41.0 | 64.8 | 63.0 | 63.2 | 78.2 | 79.1 | 75.1 | 51.4 | 53.1 |
| Cigarettes | 11.7 | 8.1 | 25.6 | 21.8 | 25.9 | 43.1 | 35.4 | 38.9 | 57.4 | 50.6 | 50.0 | 34.3 | 30.2 |
| Smokeless Tobacco | 4.7 | 3.8 | 9.3 | 7.9 | 10.1 | 19.3 | 17.7 | 14.5 | 30.1 | 27.3 | 17.5 | 15.6 | 14.7 |
| Marijuana | 2.4 | 1.2 | 8.5 | 7.7 | 16.5 | 24.8 | 20.6 | 34.1 | 36.0 | 33.3 | 44.8 | 17.5 | 16.4 |
| Inhalants | 10.1 | 9.1 | 13.5 | 14.1 | 17.1 | 11.9 | 13.6 | 13.1 | 10.3 | 10.3 | 11.4 | 11.6 | 12.0 |
| Hallucinogens | 0.4 | 0.3 | 1.3 | 0.8 | 3.8 | 2.9 | 2.1 | 5.8 | 4.7 | 3.8 | 8.8 | 2.2 | 1.8 |
| Cocaine | 0.3 | 0.3 | 1.0 | 1.0 | 3.7 | 3.6 | 2.7 | 5.2 | 5.0 | 5.0 | 8.0 | 2.7 | 2.3 |
| Methamphetamines | 0.5 | 0.3 | 1.5 | 0.7 | 3.1 | 3.6 | 2.3 | 4.1 | 5.5 | 3.6 | 4.5 | 2.4 | 1.8 |
| Steroids | --- | 0.7 | --- | 0.9 | 1.7 | --- | 1.3 | 2.0 | --- | 1.6 | 2.6 | --- | 1.2 |
| Prescription Drugs | --- | 3.5 | --- | 8.3 | --- | --- | 12.9 | --- | --- | 15.7 | --- | --- | 10.5 |
| Performance Enhancers | --- | 0.3 | --- | 1.5 | --- | --- | 6.0 | --- | --- | 12.4 | --- | --- | 5.2 |
| Other Drugs | --- | 1.3 | --- | 3.8 | --- | --- | 7.7 | --- | - | 8.6 | --- | --- | 5.6 |
| Any Drug | 13.6 | 14.4 | 21.3 | 26.0 | --- | 34.5 | 37.6 | --- | 42.9 | 47.6 | --- | 28.0 | 32.6 |

NOTE: Cells containing the --- symbol indicate an area where data is not available either due to the question not being asked in either the 2003 survey, or the MTF data is not comparable to the Nebraska data.
NOTE: Steroids, Prescription Drugs, Performance Drugs, and Other Drugs were added to the Nebraska "Any Drug" category for 2005. This explains the difference in "Any Drug" use from 2003 to 2005.

Table 2
Percentage of Nebraska Respondents Who Used ATODs During the Past 30 Days by Grade

| Drug Used | Nebraska Grade 6 |  | Nebraska Grade 8 |  | MTF <br> Grade 8 | Nebraska <br> Grade 10 |  | MTF <br> Grade 10 | Nebraska Grade 12 |  | MTF <br> Grade 12 | Total |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2003 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 |
| Alcohol | 6.5 | 3.5 | 18.1 | 13.9 | 17.1 | 36.2 | 31.6 | 33.2 | 48.9 | 47.2 | 47.0 | 27.4 | 25.0 |
| Cigarettes | 2.6 | 1.9 | 7.7 | 6.9 | 9.3 | 19.3 | 15.3 | 14.9 | 28.0 | 26.1 | 23.2 | 14.1 | 13.2 |
| Smokeless Tobacco | 1.3 | 1.1 | 3.2 | 3.1 | 3.3 | 8.2 | 9.1 | 5.6 | 13.4 | 12.9 | 7.6 | 6.4 | 6.8 |
| Marijuana | 0.9 | 0.5 | 4.0 | 3.2 | 6.6 | 11.9 | 9.4 | 15.2 | 15.6 | 13.6 | 19.8 | 7.9 | 7.0 |
| Inhalants | 4.4 | 4.0 | 5.7 | 5.7 | 4.2 | 3.6 | 3.9 | 2.2 | 2.2 | 2.2 | 2.0 | 4.0 | 3.9 |
| Hallucinogens | 0.3 | 0.2 | 0.6 | 0.4 | 1.1 | 1.0 | 0.9 | 1.5 | 1.3 | 1.2 | 1.9 | 0.8 | 0.7 |
| Cocaine | 0.2 | 0.2 | 0.4 | 0.4 | 1.0 | 1.2 | 1.0 | 1.5 | 1.7 | 1.5 | 2.3 | 0.8 | 0.8 |
| Methamphetamines | 0.2 | 0.3 | 0.7 | 0.4 | 0.7 | 1.0 | 0.9 | 1.1 | 1.3 | 1.1 | 0.9 | 0.8 | 0.7 |
| Steroids | --- | 0.3 | --- | 0.4 | 0.5 | --- | 0.7 | 0.6 | --- | 0.7 | 0.9 | --- | 0.5 |
| Prescription Drugs | --- | 1.3 | --- | 3.8 | --- | --- | 6.2 | --- | --- | 7.4 | --- | --- | 4.9 |
| Performance Enhancers | --- | 0.1 | --- | 0.8 | --- | --- | 3.4 | --- | --- | 5.8 | --- | --- | 2.7 |
| Other Drugs | -- | 0.3 | --- | 1.6 | --- | --- | 3.1 | --- | --- | 3.4 | --- | --- | 2.2 |
| Any Drug | 6.3 | 6.6 | 10.4 | 12.6 | --- | 17.6 | 19.6 | --- | 20.4 | 24.3 | --- | 13.6 | 16.4 |

NOTE: Cells containing the --- symbol indicate an area where data is not available either due to the question not being asked in either the 2003 survey, or the MTF data is not comparable to the Nebraska data. NOTE: Steroids, Prescription Drugs, Performance Drugs, and Other Drugs were added to the Nebraska "Any Drug" category for 2005. This explains the difference in "Any Drug" use from 2003 to 2005.

In the 2005 administration of the NRPFSS, the survey questionnaire was completed by 28,592 students in grades $6,8,10$, and 12 ( 27,625 valid 6th, 8 th, 10th, and 12th grade surveys are included in these analysis). Findings for each of the report sections are summarized below:

## Age of Initiation

Students in Nebraska who took the NRPFSS report using cigarettes before using any other substance. Of the students who had used cigarettes, the average age of first use was 12.6 years. A period of over one and a half years separates the age of first sip of alcohol and the first regular alcohol use. The results also show that students begin trying marijuana before students begin regularly using alcohol. In comparing 2005 NRPFSS results to those from the 2003 survey, age of initiation was virtually unchanged for all substances.

## Lifetime Substance Use for Nebraska

Nebraska students report the highest rates of using the following substances: alcohol ( $53.1 \%$ of Nebraska youth have used alcohol), cigarettes ( $30.2 \%$ have used), marijuana ( $16.4 \%$ have used), smokeless tobacco ( $14.7 \%$ have used), inhalants ( $12.0 \%$ have used), and prescription drugs taken without a doctor's permission ( $10.5 \%$ have used).

Relative to national trends from MTF, Nebraska youth in grades 8th, 10th, and 12th used the following substances less in their lifetime than students nationally: marijuana ( $8.8 \%$ to $13.5 \%$ less), hallucinogens ( $3.0 \%$ to $5.1 \%$ less), and cocaine ( $2.5 \%$ to $3.0 \%$ less). However, more Nebraska survey participants in the 8th and 10th grades had lifetime experience with alcohol than the national sample, and Nebraska 10th and 12th graders had higher lifetime smokeless tobacco use rates than 10th and 12th graders in the national sample.

In comparison to 2003 survey results, 2005 lifetime cigarette use decreased from $3.6 \%$ to $7.7 \%$ across all grades, and $4.1 \%$ for the state total. Additional decreases were seen in the use of the following substances: lifetime 6th grade marijuana and inhalant use; lifetime 8th grade smokeless tobacco use; lifetime 10th grade alcohol, smokeless tobacco, marijuana, and methamphetamine use; and lifetime 12th grade smokeless tobacco, marijuana, and methamphetamine use.

## 30-Day Substance Use for Nebraska

Nebraska students were most likely to report past 30-day use of alcohol ( $25.0 \%$ ), followed by cigarettes ( $13.1 \%$ ), marijuana ( $7.0 \%$ ), smokeless tobacco ( $6.8 \%$ ), inhalants ( $3.9 \%$ ), and prescription drugs used without a doctor's permission $(4.9 \%)$. More Nebraska 10th graders and 12th graders used smokeless tobacco than MTF students in the same grades ( $3.5 \%$ and $5 \%$ more, respectively). In addition, more Nebraska 8th graders ( $1.5 \%$ ) and 10th graders ( $1.7 \%$ ) reported inhalant use than did MTF students in the same grades. Nebraska 12th grade 30 -day cigarette use was also significantly higher ( $2.9 \%$ higher) than that reported by 12 th grade MTF students. Reported 30-day marijuana use rates are significantly lower for Nebraska youth in grades 8, 10 and 12 , however, than the use rates reported nationally for those grades.

Since the 2003 survey, past month use of alcohol decreased from $1.7 \%$ to $4.7 \%$ in all grades and $2.4 \%$ for the state overall. Past month cigarette use decreased $4.0 \%$ in the 10th grade, $1.9 \%$ in the 12th grade, and $1.0 \%$ for the state overall. Further, past 30-day marijuana use rates also decreased significantly for the Nebraska youth in the 10th (2.5\%) and 12th $(2.0 \%)$ grades since the 2003 survey. There were no significant increases in past month substance use since the 2003 survey.

## Substance Use by Gender

While being female has in the past been considered to be a protective factor for substance use, Nebraska male and female youth are very similar in their lifetime and 30 -day use of most substances and generally have substance use rates that are within one to three percent of each other. Females at the state level (grades $6,8,10$, and 12 combined) have slightly higher lifetime use rates of cigarettes ( $30.5 \%$ ) than do males ( $29.6 \%$ ), and show similar (but lower) use levels than males for all other drugs except smokeless tobacco. Females were also slightly more likely to report past 30 -day use of cigarettes ( $13.4 \%$ ) than males ( $12.7 \%$ ). Nebraska males are more than three times as likely to report having tried smokeless tobacco in their lifetime and four times as likely to report having tried smokeless tobacco in the past month than are females.

## Multiple Drug Use

Across grades, Nebraska youth reported using both alcohol and tobacco most commonly, followed by alcohol and any other substance. Alcohol and marijuana use was third, followed by marijuana and tobacco, and finally by alcohol, tobacco and marijuana. Use of all combinations of substances increases with increasing grade. However, the largest jump in multiple drug use typically occurs between grade 8 and grade 10 .

## Perceived Harmfulness of Drugs

Research has shown that there is a direct correlation between perception of harm of drug use and actual drug use itself. Nebraska students reported Nebraska youth who reported drinking alcohol in the past 30 days reported doing so on one to two occasions ( $12.7 \%$ ). Other aggregated rates of 30 -day alcohol use across all grades were as follows:

- three to five times in the past month: $5.4 \%$,
- six to nine times in the past month: $3.4 \%$,
- ten to 19 times in the past month: $2.1 \%$,
- 20 to 39 times or 40 plus times in the past month: less than one percent.


## Prevalence of Binge Drinking by Grade and Gender

- Of survey respondents in the 6th, 8th, 10 th, and 12 th grades, $6.2 \%$ indicated binge drinking once in the past two weeks, $4.3 \%$ indicated binge drinking twice in the past two weeks, $3.9 \%$ indicated binge drinking three to five times in the past two weeks, $1.1 \%$ indicated binge drinking six to nine times in the past two weeks, and $1.2 \%$ indicated binge drinking ten or more times in the past two weeks.
higher perception of risk of drug use in a number of areas than did national

MTF participants:

- Nebraska 8th graders reported higher perceived risk ( $2.6 \%$ to $8.0 \%$ ) in heavy cigarette use, trying marijuana, regular marijuana use, and regular alcohol use than MTF 8th graders;


Nebraska males are more than three times as likely to have tried smokeless tobacco in their lifetime as females.

- 10th and 12th grade Nebraska survey respondents reported higher rates of perceived risk of trying marijuana once or twice; and
- 12th grade Nebraska survey respondents reported higher rates of perceived risk of regular alcohol use.

In other areas, however, Nebraska students reported lower perceived risk of drug use:

- 10th grade students perceived harmfulness of heavy cigarette use, regular marijuana use, and regular alcohol use were $1.3 \%$ to $5.9 \%$ lower than national rates for the 10th grade.
- 12th grade students perceived harmfulness of heavy cigarette use was $14.3 \%$ lower than 12th grade MTF rates, with $62.2 \%$ of Nebraska 12th graders indicating that heavy cigarette use put people at "great risk" compared to $76.5 \%$ of 12 th grade MTF respondents.
- $12^{\text {th }}$ grade rates of perceived harmfulness of regular marijuana use were also $4.4 \%$ lower for Nebraska youth than national MTF youth.
- Overall, results from the 2005 survey show that perceived harmfulness of heavy cigarette smoking, trying marijuana once or twice, smoking marijuana regularly, regular alcohol use, and methamphetamine use decreased significantly in all grades since the 2003 survey.


## Perceived Availability of Drugs

Nebraska youth reported perceiving all substances as being more difficult to obtain than did their national counterparts. In all categories and all grades where comparisons are available, there is a $9.0 \%$ to $27.3 \%$ difference in perceived availability between Nebraska results and national results. When we compare the 2003 and 2005 survey data, we see many positive decreases in perceived availability at the grade and state total levels. Perceived availability of marijuana decreased $2.9 \%$ to $6.4 \%$ in each grade and $8.4 \%$ for all grades combined. Perceived availability of cocaine, LSD, and amphetamines decreased $2.8 \%$ to $3.5 \%$ in each grade and $2.6 \%$ for all grades combined. Although perceived availability of alcohol decreased $1.3 \%$ in the 6th grade, however, it increased $2.3 \%$ in the 8th grade, $2.0 \%$ in the 10 th grade, $3.2 \%$ in the 12 th grade, and $3.1 \%$ for all grades combined.

## Substance Use in Relation to Perceived Peer Substance Use

The more students perceive others as using substances, the more likely they are to report using them themselves. For example, among students who have never used alcohol, only $19.8 \%$ believe a majority (half or more) of students their age use alcohol. Among students who used alcohol once or twice, the number who think most of the students their age use jumps to $33.6 \%$. Among students who have used alcohol more than 10 times, $75.4 \%$ believe most of the people their age also use alcohol. Similar trends are observed for marijuana, methamphetamine, and cigarette use.

## Sources of Obtaining Alcohol

Across all grades, the most prominent source of alcohol among Nebraska students is from an adult age 21 or older. This source becomes increasingly more used as students progress from the 6th grade ( $45.9 \%$ obtained alcohol from someone 21 or older) to the 12th grade ( $77.2 \%$ obtained alcohol from someone 21 or older). The likelihood of alcohol-using students obtaining alcohol from someone under 21, buying alcohol with a fake ID, and obtaining alcohol from a stranger also typically increases with increased grade level. In addition to reporting adults as their primary suppliers of alcohol, significant percentages of youth also reported that one or more adults were present the last time they consumed alcohol:

- $57.6 \%$ of $6^{\text {th }}$ grade students;
- $45.2 \%$ of $8^{\text {th }}$ grade students;
- $34.1 \%$ of $10^{\text {th }}$ grade students; and
- $33.8 \%$ of $12^{\text {th }}$ grade students reported one or more adults were present the last time they consumed alcohol.


## Place of Alcohol Use

Students in the 6th, 8th, and 10th grades who had indicated that they had used alcohol in the past year indicated that they drank alcohol either at home or at someone else's house. Students in all grades become more likely to drink at someone else's house as they increase in grade ( $37.7 \%$ in the 6th grade, $56.3 \%$ in the 8 th grade, $71.5 \%$ in the 10th grade, and $77.2 \%$ in the 12th grade) Another likely place of use for students is in the home $(59.8 \%$ in the 6 th grade, $51.6 \%$ in the $8^{\text {th }}$ grade, $38.4 \%$ in the 10 th grade, $30.0 \%$ in the $12^{\text {th }}$ grade). Tenth and $12^{\text {th }}$ graders also reported relatively high rates of drinking in a car, with $34.1 \%$ of $10^{\text {th }}$ graders and $33.8 \%$ of $12^{\text {th }}$ graders reporting drinking alcohol in a car.

## Sources of Obtaining Cigarettes

Across all grades, the most prominent source of cigarettes reported by Nebraska students is persons age 18 or older. This source becomes increasingly more used as students progress from the 6th grade $(33.8 \%$ obtained cigarettes from someone 18 or older) to the 12th grade ( $65.4 \%$ obtained cigarettes from someone 18 or older). Youth also reported rates of obtaining cigarettes from persons under the age of 18 at rates higher than from parents (with or without permission), brothers or sisters, or relatives. It is interesting to note that Nebraska students are approximately three times more likely to report drinking in the presence of adults than to report smoking in the presence of adults.

Females are $4.8 \%$ more likely than males to ride with a drunk driver, though male respondents are $1.8 \%$ more likely than females to drink and drive.

## Places of Cigarette Use

More 6th, 8th, and 10th grade students indicated that they smoked at someone else's home $(49.0 \%$ for the 6th grade, $54.9 \%$ for the 8th grade, and $58.7 \%$ for the 10th grade) than any other category. Twelfth graders most often reported smoking in a car ( $68.6 \%$ for the 12 th grade). Other areas where students indicated that they usually smoked were at home $(39.1 \%$ in the 6 th grade, $42.9 \%$ in the 8 th grade, $41.5 \%$ in the 10th grade, $33.0 \%$ in the 12th grade) and in an open area ( $27.5 \%$ in the 6th grade, $38.8 \%$ in the 8 th grade, $47.9 \%$ in the 10th grade, and $46.3 \%$ in the 12th grade).

## Age of Anti-social Behavior Initiation

Of students who have reported engaging in anti-social behaviors, most began the behaviors just at or before they were twelve and one-half years old. Only in the case of first arrest did students report the behavior occurring after they turned 13 (at 13.6 years).

## Dangerous and Anti-social Behavior by Grade

The most common problematic behaviors are all alcohol-related. Across all grades and behaviors, Nebraska students are most likely to report riding with a drinking driver ( $39.2 \%$ of students in all grades), followed by binge drinking ( $16.7 \%$ of students in all grades) and drinking and driving ( $15.3 \%$ of students in all grades). Other frequent behaviors across grades are being drunk or high at school $(8.6 \%$ of students in all grades) and attacking someone with the intent to harm them ( $8.8 \%$ of students in all grades).

## Dangerous and Anti-social Behavior by Gender

Females are $4.8 \%$ more likely than males to report riding with a drinking driver. Male respondents, however, are only $1.8 \%$ more likely to report drinking and driving. This discrepancy suggests females could be riding with drinking drivers not represented in the sample (e.g. older drivers). For both genders, riding with a drinking driver is the most frequently reported dangerous behavior.

## Attitudes and Perceptions of Violence and Handguns by Grade

Just as many violent and anti-social behaviors increase with increased grade level, several perceptions and attitudes also correspond with such increases. Student perception of the ease of obtaining a gun increases with increasing grade (from $11.0 \%$ in the 6th grade to $27.3 \%$ by the 12 th grade). The extent to which students feel safe in their neighborhood improves with increasing grade. In the 6th grade, $3.3 \%$ of students report not feeling safe in their neighborhood, but this number declines to $1.4 \%$ by the 12 th grade).

## Attitudes and Perceptions of Violence and Handguns by Gender

In every case, males hold attitudes more favorable toward violence than do females. Although few students feel it is okay to take a handgun to school, 4.5 times as many males as females find it acceptable. Males are twice as likely to feel it is okay to pick a fight and to attack someone.

## Gambling

The frequency of gambling in the past year rises with increase in grade ( $28.0 \%$ in the 6 th grade, $37.9 \%$ in the 8 th grade, $43.4 \%$ in the 10 th grade, and $45.7 \%$ in the 12th grade). Most of the gambling, however, is done by males, who are more than twice as likely as females to report having gambled in the past year (males $54.3 \%$, females $24.2 \%$ ). Thirty-day gambling shows the same pattern, with gambling increasing with

## Most of

 gambling, is done by males, who are more than twice as likely than females to report having gambled in the increased grade level $(12.0 \%$ in the 6th grade, $15.9 \%$ in the 8th grade, $20.0 \%$ in the 10th grade, and $22.5 \%$ in the 12 th grade). Past month gambling findings also show that males gamble more than females ( $27.1 \%$ for males, $8.4 \%$ for females).The survey also included measures designed to indicate percentages of students at risk for problem or pathological gambling. These measures were: preoccupation with gambling, gambling losses exceeding expectations, and lying to family members about gambling behavior. Unlike substance abuse and anti-social behavior data, problem gambling indicators did not increase substantially with grade and age, but remained fairly level. Sixth grade students are slightly less likely to report preoccupation with gambling ( $17.9 \%$ ) than students in other grades (8th grade, $19.2 \%$; 10th grade, $20.8 \%$; and 12th grade, $22.1 \%$ ). Rates of students reporting spending more than they had planned to gamble are
similar among all grades, with the lowest rate found in the 8th grade $(5.1 \%)$ and the highest rate found in the 12th grade ( $8.5 \%$ ). While few students reported gambling leading to lies to their families, the frequency of gambling leading to lying decreases slightly over the span of the 6th grade to the 12 th grade ( $4.6 \%$ in the 6 th grade, $3.1 \%$ in the 8 th grade, $3.3 \%$ in the 10 th grade, and $2.8 \%$ in the 12 th grade).

The individual activities most often participated in by youth who had gambled in the past 30 -days were betting on cards ( $42.7 \%$ ), betting money on sports ( $34.8 \%$ ), and betting on games of skill ( $31.4 \%$ ). The individual activity most often participated in by males who had gambled in the past 30 -days was betting on cards (49.1\%). The individual activity most often participated in by females who had gambled in the past 30 -days was playing bingo for money or prizes ( $29.2 \%$ ).

## Risk Factor Profiles

The only Nebraska risk factor scales that were equal to or higher than the sevenstate norm were Low Commitment to School for 10th grade students ( $47.4 \%$ of 10th graders at risk) and Parental Attitudes Favorable to Drug Use for 10th and 12th grade students ( $44.0 \%$ and $46.2 \%$ respectively). All other scales were lower than the seven-state norm for all grades.

## Protective Factor Profiles

The only protective factor scale that was lower than the seven-state norm was 12th grade Belief in the Moral Order ( $52.2 \%$ ). All other protective factor scales were above the seven-state norm for all grades.

The Nebraska Risk and Protective Factor Student Survey (NRPFSS) was administered in the Fall of 2005 to 28,592 Nebraska students in grades 6, 8, 10 , and $12(27,625$ valid 6 th, 8 th, 10 th, and 12 th grade surveys are included in these analyses - see Validity section of this report for more information). The survey was designed to assess adolescent substance use, anti-social behavior, youth gambling, and the risk and protective factors that predict adolescent problem behaviors. The Nebraska survey is adapted from a national, scientifically-validated survey and contains information on the risk and protective factors that are 1) locally actionable, 2 ) cannot be obtained through any other source, and 3 ) are more highly correlated with substance abuse. One of the goals of the survey was to provide schools and communities with local-level data to assist in planning effective prevention services. However, when planning prevention services, communities are urged to collect and use multiple data sources-archival and social indicators, assessment of existing resources, key informant interviews, in addition to data from this survey.

The NRPFSS is sponsored by Nebraska Partners in Prevention (NePiP), and administered by the Nebraska Health and Human Service System's Division of Behavioral Health Services and the Nebraska Department of Education and Bach Harrison, L.L.C.

The NRPFSS was designed to measure the prevalence and incidence rates of substance abuse, gambling and anti-social behavior among Nebraska youth, and provide community-level profiles of the factors that have been shown to place youth at risk for substance abuse, delinquency, school drop-out, and other problem behaviors. In assessing potential problem behaviors, the survey asked students about recent and lifetime use of alcohol, tobacco and other drugs (ATODs); gambling behavior; and anti-social behaviors such as violence toward others, and delinquency. The survey also asked students about their sources of alcohol and cigarettes and where they typically used alcohol and cigarettes. The survey also included an assessment of those
protective factors that exert a positive influence or buffer against the negative influence of risk, and reduce the likelihood that students will engage in problem behaviors.

## Nebraska 2005 Report Overview of Sections

This report is divided into three sections. The first section, Survey Methods, briefly describes how the survey was conducted, who participated, and procedures that were used to ensure that valid information was collected.

The second section, Survey Results, describes ATOD use, anti-social behavior, gambling and other substance abuse issues measured by the NRPFSS. The survey presents results on 30 -day use (use in the 30 days prior to the survey) and lifetime use (ever used at least once) of 12 different substances, as well as "Any drug," which is defined as using one or more of eight dugs measured by the survey (with the exceptions of alcohol and tobacco). These State results are also compared to the results of a national survey, Monitoring the Future (MTF), that monitors national youth drug use. This section also includes an assessment of how youth obtain alcohol and tobacco, and where they use them. Additional analyses include student attitudes about the perceived harmfulness and availability of drugs, and student behaviors and attitudes regarding handguns, violence, and gambling.

The third section, Risk and Protective Factors for Substance Abuse and Problem Behaviors, provides a description of the Risk and Protective Factor Model of substance abuse prevention, including the four domains of risk and protection (community, family, school, and peer/individual), and risk and protective factor results for each domain. Results are presented for each grade and, in some cases, by gender. The section includes a description of the scale scores that are used to quantify levels of risk and protection and determine the percentage of youth at risk for problem behaviors.

The NRPFSS was designed to serve as a local data collection tool to help communities analyze local rates of youth substance abuse and underlying causal factors. While not all of the communities in Nebraska participated in the administration of the 2005 survey, those that did now have access to a rich source of information about the use of ATODs, anti-social behavior, and the risk and protective factor profiles for their communities.

The remainder of this section will discuss the survey questionnaire, how it was administered, completion rates, the demographics of participants, the validity of the results, and the ability to generalize the results to other populations. In order to develop effective prevention plans at the community level, an adequate number of individuals need to be surveyed to allow an assessment of prevention needs. Because a community is often defined at the school district level, an attempt was made to survey all of the public and private school students in grades $6,8,10$, and 12 in Nebraska. This level of surveying is necessary because prevention planning requires knowledge of subpopulations, such as youth in a specific community and a specific grade in school. A good sample of students will provide data at this level of detail. In the 2005 survey, 28,592 6th, 8th, 10th, and 12th graders were surveyed out of approximately 98,3056 th, 8 th, 10 th, and 12 th graders in the state. ( 27,625 valid 6 th, 8 th, 10 th, and 12th grade surveys are included in these analysis - see Validity section of this report for more information). The goal was to survey every student in grades $6,8,10$, and 12 in Nebraska. While not all students participated, the survey results provide considerable information for the communities that participated to use in planning and evaluating prevention services.

The survey provides the state with a good source of information about the use of ATODs, anti-social behavior, and the risk and protective factor levels of their youth.

## Survey Questionnaire

The NRPFSS was developed by the Nebraska State Survey Design Work Group, which was composed of State Agency staff, school administrators and the senior scientists from Pacific Institute for Research and Evaluation. They began with a national risk and protective factor

Besides measuring risk and protective factors, the survey also assesses the current prevalence of alcohol, tobacco, and other drug use. survey questionnaire and adapted it for Nebraska. The national survey was one that was developed through the combined efforts of six states (Kansas, Maine, Oregon, South Carolina, Utah, and Washington) and the Social Development Research Group at the University of Washington. The collaborative survey development process was a project called the Six-State Consortium which was funded by the Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMSHA). The goal of the Consortium was to develop a survey that provided scientifically sound information about ATOD use, anti-social behavior, and the levels of risk and protection in a community.

The NRPFSS was created by selecting only the scales on the Six State Consortium Risk and Protective Factor Survey that collected information on those risk and protective factors that are 1) locally actionable, 2) cannot be obtained through any other source, and 3) are more highly correlated with substance abuse. In addition, the Nebraska State Survey Design Work Group included validated scales on gambling and source and place of use for alcohol and tobacco. The reader may refer to Appendix A for a copy of the Nebraska questionnaire.

Risk and protective factors are characteristics that are reported by the youth who complete the survey. Besides measuring risk and protective factors, the survey also assesses the current prevalence of ATOD use. The substances measured by the Nebraska survey include: 1) alcohol, 2) cigarettes, 3) smokeless tobacco, 4) marijuana, 5) inhalants, 6) hallucinogens, 7) cocaine, 8) methamphetamines, 9) steroids, 10) prescription drugs, 11) performance enhancers, and 12) other illegal drugs. The questions that ask about substance use are similar to those used in the national survey, Monitoring the Future (MTF), in order to allow comparisons between the two surveys when possible.

The Nebraska Risk and Protective Factor Student Survey measures a total of 9 risk factors and 6 protective factors. However, some of the risk factors are sufficiently broad as to require more than one scale for adequate measurement. As a result, there are 13 separate risk factor scales and 6 protective factor scales.

Appendix B provides a complete list of the risk and protective factors and the corresponding risk and protective factor scales in the survey.

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. Since risk and protective factor model surveys have been given to thousands of youth in the Six-State and Seven-State Consortium Projects, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received "D" and "F" grades, the less at-risk group received "A" and "B" grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and anti-social behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts). The
cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys.

There are approximately four survey items that measure each risk factor. The overall survey has 101 questions, however, many of the questions have multiple components so students actually responded to 193 total items. The questions were printed in a test booklet that was machine scoreable (The reader may refer to Appendix A for a copy of the 2005 NRPFSS). Students from all grades were able to complete the questionnaire in one class period. A complete item dictionary that lists the risk and protective factor scales and the items they contain, as well as the outcome variables, can be seen in Appendix D.

Generally, classroom teachers adminis tered the survey. Teachers were given a script to read and were asked to provide information on student participation

## Administration

The NRPFSS was administered to both public and private school students across the state of Nebraska in October 2005. All schools with students in grades 6, 8, 10, and 12 were invited to take part in the survey. Participation at the school and personal level was completely voluntary, as both schools and students could decline participation. Although participation was voluntary, the importance of statewide participation in order to allow for accurate representation of all areas was stressed. Benefits of participation were presented to school authorities.

Objectives included improved school improvement and prevention planning, by helping schools and communities to identify local priorities, develop data-driven action plans, and select evidence-based strategies based upon objectively identified needs.

Before survey administration began, the actual NRPFSS questionnaire was made available for review by school authorities, as was a "fact sheet" explaining the goals, background, and need for the survey. After reviewing the survey and fact sheet, school authorities made the decision whether or not to participate. School officials also had the opportunity to aggregate survey data as best fit their data collection needs. Some chose to aggregate
data by school building, others by school district. In some communities, private and public school districts aggregated their data together. In other cases, multiple school districts aggregated their data to create county and multi-county level data reports.

Once participating schools were identified, local planning for survey administration began. Each school was asked to assign a contact person who would receive training to support survey administration. The survey used a passive consent format whereby parents were notified of the survey and provided an opportunity to decline their student's participation.

Enrollment figures from the Nebraska Department of Education, Education Support Services, 2004-2005 Membership by Grade, Race, and Gender Report show that for the 2004-2005 school year (the most recent year available for viewing), there were a total of 98,305 public and private school students in grades $6,8,10$, and 12 who were eligible to participate in the survey. A total of 28,592 students in grades $6,8,10$, and 12 participated in the 2005 NRPFSS ( 27,625 valid 6th, 8th, 10th, and 12th grade surveys are included in these analysis - see Validity section of this report for more information). This is a sufficient participation rate for a school survey and resulted in an adequate number of students for analysis.

Once actual survey administration began, teachers administered the 30 -minute long survey during regular class periods. Within any one school, surveys were administered during a specific class period. Teachers provided instructions and answered questions, but the survey was self-administered and was completely paper and pencil-based.

Instructions to the students clearly stated that the survey was completely anonymous. Students were informed that the survey did not ask for their name or any other identifying information, and they were asked not to provide such information. Once students had completed the survey, all survey materials were gathered and placed in a sealed, pre-posted envelope. All surveys were then mailed to Bach Harrison, L.L.C. The Utah-based program evaluation firm scanned all surveys, analyzed all data, and generated reports for the state, regional and local-level. The information found in this report is an explanation of statewide data related to the NRPFSS.

## Completion Rate and Ability to Generalize the Results

Not all students participated in the NRPFSS. Some students individually chose not to participate, some students' parents refused consent for them to participate, and some students were absent when the survey was administered.

It should be noted that not all of the surveys that were completed contained valid information. Some were eliminated because students were deemed not truthful in their responses, or did not complete most of the
$76.2 \%$ of
NRPFSS Survey respondents were white, 9.8\% were Hispanic, and $3.5 \%$ were Native questions (see Validity of the Data section for the validity criteria). After invalid questionnaires were eliminated, there were a total of 27,625 valid surveys completed by students in grades 6 , 8,10 , and 12 .

## Survey Participants

The characteristics of the youth who took the survey are presented in Table 3. The results in this State Report are completed for grades $6,8,10$, and 12 . Because the results reported in this state report and in the profile reports focus on data from the 6th, 8th, 10th, and 12th grades, odd grade (7th, 9th and 11th grade) students who took the survey because they were attending a class that was largely made up of students in the even grades or because the school chose to do so, were also eliminated from these statewide results.

There was nearly an equal number of males and females who took the survey in all grades (female $=49.9 \%$ and males $=50.1 \%$ ). The majority of respondents were White ( $76.2 \%$ ), $9.8 \%$ were Hispanic, and $3.5 \%$ were Native American. The other ethnic groups accounted for $10.5 \%$ of the respondents. This demographic breakdown is similar to the demographics of the Nebraska school system (available at http://ess.nde.state.ne.us/

DataCenter/DataInformation/Downloads/0506/MEMBGRADE.pdf). The Department of Education indicates that the Nebraska student population (grades $6,8,10$, and 12 ) is $81.6 \%$ White, $8.7 \%$ Hispanic, and $1.4 \%$ Native American.

When asked where they lived, $13.4 \%$ of students indicated that they lived on a farm, $11.7 \%$ indicated that they lived in the country, $73.8 \%$ indicated they lived in a city, and $1.1 \%$ indicated they lived on a reservation.

## Validity of the Data

The information presented in this report is based entirely on the truthfulness, recall, and comprehension of the youth who participated in the survey. Many studies have shown that most adolescents are truthful in their responses to the questions on similar surveys. For example, ATOD trends for repeated national and state surveys are very similar. Also, the changes reported by youth parallel the changes during the same period in adolescent admissions to treatment for substance abuse. Finally, the relationships between different kinds of behaviors and the problems adolescents report is very consistent over a wide range of studies. This study was carefully designed to ensure honest responses from participants. $\qquad$
of the survey was stressed - participants were assured that the survey was voluntary, anonymous, and confidential.

There were a total of 27,625 survey questionnaires completed. However, not all of the questionnaires contained valid information. Of these surveys, $1,058(3.5 \%)$ were eliminated because respondents were determined to be dishonest or because students did not answer enough of the validity questions to determine whether or not they were honest in their responses. These surveys were eliminated because of five predetermined dishonesty indicators - 1) the students indicated that they were "Not Honest At All" in completing the survey ( 386 surveys); 2) the students indicated that they had used the non-existent drug phenoxydine ( 635 surveys); 3) the students reported an impossibly high level of multiple drug use (284 surveys); 4) the students indicated past-month use rates that were higher than lifetime use rates (192
surveys); and 5) the students reported an age that was inconsistent with
their grade or their school (72 surveys). These surveys were not included in the final analyses.

Because the results reported in this state report and in the profile reports focus on data from the 6th, 8th, 10th, and 12th grades, 1,039 additional students in the 7th, 9th, and 11th grades were also eliminated from these state level results. These 7th, 9th, and 11th graders took the survey because they were attending a class that was largely made up of students in the even grades or the school chose to surveys students in the odd grades for a more complete description of their students. Further, 166 surveys were eliminated due to students not reporting a grade level.
The confidentiality of the survey was stressed through the instructions and administration procedures. Participants were assured that the survey was voluntary, anonymous, and confidential. They were told that no one would see their answers and that there was no way that a survey could be traced back to an individual student. Because the survey was anonymous, most of the reasons to exaggerate or deny behaviors were eliminated. However, several checks were built into the analysis to minimize the impact of students who were not truthful in their responses. Students whose surveys were deemed not truthful were eliminated.

A total of 2,263 questionnaires were eliminated from most analyses. This is less than the sum of those eliminated according to the criteria cited above because many of those eliminated met more than one criterion for elimination.

Other measures to reduce response bias included carefully pretesting the questionnaire to ensure that students understood the meaning of each question, using a well developed and tested administration protocol, and reading the same instructions to all students who participated in the survey.

Table 3
Total Number and Percentage of Survey Respondents by Grade and Demographic Characteristics for 2005 Survey

|  | Grade 6 |  | Grade 8 |  | Grade 10 |  | Grade 12 |  | 2005 Total |  | 2003 Total |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Total Sample | 5,906 | 21.4 | 7,044 | 25.5 | 8,009 | 29.0 | 6,666 | 24.1 | 27,625 | 100.0 | 25,941 | 100.0 |
| Gender |  |  |  |  |  |  |  |  |  |  |  |  |
| Male | 3,020 | 51.9 | 3,408 | 49.4 | 3,906 | 49.8 | 3,216 | 49.4 | 13,550 | 50.1 | 12,939 | 55.7 |
| Female | 2,803 | 48.1 | 3,484 | 50.6 | 3,937 | 50.2 | 3,295 | 50.6 | 13,519 | 49.9 | 10,282 | 44.3 |
| Race/Ethnicity |  |  |  |  |  |  |  |  |  |  |  |  |
| White | 4,662 | 68.0 | 5,840 | 73.9 | 6,937 | 79.2 | 5,917 | 83.1 | 23,356 | 76.2 | 22,333 | --- |
| Native American | 395 | 5.8 | 324 | 4.1 | 216 | 2.5 | 130 | 1.8 | 1,065 | 3.5 | 1,131 | --- |
| Hispanic | 874 | 12.7 | 853 | 10.8 | 767 | 8.8 | 499 | 7.0 | 2,993 | 9.8 | 2,357 | --- |
| African American | 139 | 2.0 | 139 | 1.8 | 137 | 1.6 | 90 | 1.3 | 505 | 1.6 | 480 | --- |
| Asian or Pacific Islander | 69 | 1.0 | 105 | 1.3 | 122 | 1.4 | 91 | 1.3 | 387 | 1.3 | 469 | --- |
| Other | 720 | 10.5 | 645 | 8.2 | 578 | 6.6 | 392 | 5.5 | 2,335 | 7.6 | 1,972 | --- |
| Where do you live? |  |  |  |  |  |  |  |  |  |  |  |  |
| Farm | 774 | 13.3 | 879 | 12.7 | 1,077 | 13.6 | 912 | 13.8 | 3,642 | 13.4 | 3,596 | 13.9 |
| Country | 708 | 12.2 | 839 | 12.1 | 908 | 11.5 | 742 | 11.2 | 3,197 | 11.7 | 2,973 | 11.5 |
| City | 4,242 | 72.9 | 5,122 | 74.0 | 5,863 | 74.0 | 4,914 | 74.2 | 20,141 | 73.8 | 18,958 | 73.5 |
| Reservation | 94 | 1.6 | 80 | 1.2 | 70 | 0.9 | 54 | 0.8 | 298 | 1.1 | 274 | 1.1 |

Figure 4

## Gender: <br> Breakdown of Students Taking the 2005 Nebraska Risk and Protective Factor Student Survey



# Ethnicity: <br> Breakdown of Students Taking the 2005 Nebraska Risk and Protective Factor Student Survey 



Figure 6

## Home Residence: <br> Breakdown of Students Taking the 2005 Nebraska Risk and Protective Factor Student Survey

Reservation

## Section 2: Survey Results

## Age of Substance Use Initiation

Nebraska students were asked at what age, if ever, they first used ATODs. In calculating the average age of initiation, only those students who indicated they had used the substances were included in the calculations of age of first use.

The results in Table 4 and Figure 7 show that students begin using cigarettes before using any other substance. Of the students who had used cigarettes, the average age of first use was 12.6 years. First sip or more of alcohol quickly follows first cigarette use, occurring on average at 12.9 years. First regular use of alcohol occurs on average at 14.7 years. The results also show that students begin trying marijuana earlier than they begin regular drinking. Of the students who had used marijuana, the average age of first use was 13.8 years - less than a year before students indicated that they had begun drinking regularly and less than one year after their first sip of alcohol.

Table 4

| Age of Initiation: Substance Use |  |  |
| :--- | :---: | :---: |
| Drug Used | Average Age of First Use <br> (Of Students Who Indicated That <br> They Had Used) |  |
|  | 2003 | 2005 |
| First Cigarette Use | 12.5 | 12.6 |
| First Marijuana Use | 13.9 | 13.8 |
| First Alcohol Sip or More | 12.8 | 12.9 |
| First Regular Alcohol Use | 14.6 | 14.7 |

Figure 7


## Lifetime ATOD Use, By Grade

## Nebraska Lifetime Usage

Lifetime use is a good measure of youth experimentation with alcohol, tobacco, and other drugs. If a student indicates he or she has used a substance at least once in his or her lifetime, the response is included in this section. As can be seen in Table 5 and Figure 8, the most common substances used are alcohol ( $53.1 \%$ of Nebraska survey participants have used at least once), cigarettes ( $30.2 \%$ have used), marijuana ( $16.4 \%$ have used), smokeless tobacco ( $14.7 \%$ have used), inhalants ( $12.0 \%$ have used), and prescription drugs (used without a doctor's permission) ( $10.5 \%$ have used).

Typically, reported rates of lifetime use or experimentation with substances increases with each increase in grade level. As Figure 8 helps to illustrate, for Nebraska youth this holds true for every substance except inhalants. Current 8th grade students reported higher rates of lifetime use of inhalants than did students in other grades.

## Nebraska Results Compared to National Results

Nebraska results can be compared to the National Monitoring the Future (MTF) survey results for grades 8,10 , and 12 . National MTF data is presented in Table 5 and Figure 8 when the national data is comparable to state data. Relative to national trends from MTF, Nebraska youth in all grades (8th, 10th, and 12th) used the following substances less in their lifetime than students nationally:

- marijuana ( $8.8 \%$ to $13.5 \%$ ),
- hallucinogens ( $3.0 \%$ to $5.1 \%$ ), and
- cocaine ( $2.5 \%$ to $3.0 \%$ ).

However, more Nebraska survey participants in the 8th and 10th grades had lifetime experience with alcohol than the national sample, and Nebraska 10th and 12th graders had higher lifetime smokeless tobacco use rates than 10th and 12th graders in the national sample.

- lifetime alcohol use for Nebraska 8th graders was $2.1 \%$ higher,
- lifetime alcohol use for Nebraska 12th graders was $4.0 \%$ higher,
- lifetime smokeless tobacco use for Nebraska 10th graders was $3.2 \%$ higher, and
- lifetime smokeless tobacco use for Nebraska 12th graders was $9.8 \%$ higher.

Figure 8


## 2005 Results Compared to 2003 Results

Table 5 also shows 2003 NRPFSS results in comparison to 2005 results. Lifetime cigarette use decreased $3.6 \%$ to $7.7 \%$ in all grades and $4.1 \%$ for the state overall since the 2003 survey. In addition, decreases in lifetime use were also seen in the following areas:

- 6th grade marijuana and inhalant use;
- 8th grade smokeless tobacco use;
- 10th grade alcohol, smokeless tobacco, marijuana, and methamphetamine use; and
- 12th grade smokeless tobacco, marijuana, and methamphetamine use.

Table 5
Percentage of Nebraska Respondents Who Used ATODs During Their Lifetime by Grade

| Drug Used | Nebraska Grade 6 |  | Nebraska Grade 8 |  | MTF <br> Grade 8 | Nebraska <br> Grade 10 |  | MTF <br> Grade 10 | Nebraska <br> Grade 12 |  | MTF <br> Grade 12 | Total |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2003 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 |
| Alcohol | 20.7 | 21.5 | 41.7 | 43.1 | 41.0 | 64.8 | 63.0 | 63.2 | 78.2 | 79.1 | 75.1 | 51.4 | 53.1 |
| Cigarettes | 11.7 | 8.1 | 25.6 | 21.8 | 25.9 | 43.1 | 35.4 | 38.9 | 57.4 | 50.6 | 50.0 | 34.3 | 30.2 |
| Smokeless Tobacco | 4.7 | 3.8 | 9.3 | 7.9 | 10.1 | 19.3 | 17.7 | 14.5 | 30.1 | 27.3 | 17.5 | 15.6 | 14.7 |
| Marijuana | 2.4 | 1.2 | 8.5 | 7.7 | 16.5 | 24.8 | 20.6 | 34.1 | 36.0 | 33.3 | 44.8 | 17.5 | 16.4 |
| Inhalants | 10.1 | 9.1 | 13.5 | 14.1 | 17.1 | 11.9 | 13.6 | 13.1 | 10.3 | 10.3 | 11.4 | 11.6 | 12.0 |
| Hallucinogens | 0.4 | 0.3 | 1.3 | 0.8 | 3.8 | 2.9 | 2.1 | 5.8 | 4.7 | 3.8 | 8.8 | 2.2 | 1.8 |
| Cocaine | 0.3 | 0.3 | 1.0 | 1.0 | 3.7 | 3.6 | 2.7 | 5.2 | 5.0 | 5.0 | 8.0 | 2.7 | 2.3 |
| Methamphetamines | 0.5 | 0.3 | 1.5 | 0.7 | 3.1 | 3.6 | 2.3 | 4.1 | 5.5 | 3.6 | 4.5 | 2.4 | 1.8 |
| Steroids | --- | 0.7 | --- | 0.9 | 1.7 | --- | 1.3 | 2.0 | --- | 1.6 | 2.6 | --- | 1.2 |
| Prescription Drugs | --- | 3.5 | --- | 8.3 | --- | --- | 12.9 | --- | --- | 15.7 | --- | --- | 10.5 |
| Performance Enhancers | -- | 0.3 | --- | 1.5 | --- | --- | 6.0 | --- | --- | 12.4 | --- | --- | 5.2 |
| Other Drugs | --- | 1.3 | --- | 3.8 | --- | --- | 7.7 | --- | --- | 8.6 | --- | --- | 5.6 |
| Any Drug | 13.6 | 14.4 | 21.3 | 26.0 | --- | 34.5 | 37.6 | --- | 42.9 | 47.6 | --- | 28.0 | 32.6 |

NOTE: Cells containing the --- symbol indicate an area where data is not available either due to the question not being asked in either the 2003 survey, or the MTF data is not comparable to the Nebraska data. NOTE: Steroids, Prescription Drugs, Performance Drugs, and Other Drugs were added to the Nebraska "Any Drug" category for 2005. This explains the difference in "Any Drug" use from 2003 to 2005.

## 30-Day ATOD Use, By Grade

## Nebraska 30-Day Usage

Among students who indicated they used ATODs in the past 30 days, substance use patterns matched trends in lifetime use patterns. As seen in Table 6, Nebraska students were most likely to report past 30 -day use of alcohol ( $25.0 \%$ ), followed by cigarettes ( $13.1 \%$ ), marijuana ( $7.0 \%$ ), smokeless tobacco ( $6.8 \%$ ), inhalants ( $3.9 \%$ ), and prescription drugs (used without a doctor's permission) (4.9\%).

An increase in substance use by grade is again observed for all substances except inhalants (see Table 6, Figure 9, and Figure 10). Thirty day use of inhalants declines steadily from 8th grade ( $5.7 \%$ ) to 12th grade ( $2.2 \%$ ).

## Nebraska Results Compared to National Results

Table 6 on the following page shows the percentage of youth in grades $6,8,10$, and 12 who used ATODs in the 30 days prior to completing the survey. Substances for which Nebraska students reported higher 30-day use rates than the national average were:

- 8 th grader inhalant use ( $1.5 \%$ more);
- 10th grade inhalant use ( $1.7 \%$ more) and smokeless tobacco ( $3.5 \%$ more) ; and
- 12th grade smokeless tobacco use ( $5.3 \%$ more) and cigarette use ( $2.9 \%$ more).

A further comparison of state and national results shows that Nebraska 30-day use rates of marijuana are significantly lower than the national use rates for grades 8,10 , and 12 :

- Nebraska 8th grade marijuana use was $3.4 \%$ lower than national MTF 8 th grade use;
- Nebraska 10th grade use was $5.8 \%$ lower than MTF 10th grade use; and
- Nebraska 12 th grade use was $6.2 \%$ lower than MTF 12 th grade use.


## 2005 Results Compared to 2003 Results

Since the 2003 survey, past month use of alcohol decreased $1.7 \%$ to $4.7 \%$ in all grades and $2.4 \%$ for the state overall. Past month cigarette use decreased $4.0 \%$ in the 10th grade, $1.9 \%$ in the 12th grade, and $1.0 \%$ for the state overall. Further, past month marijuana use also decreased significantly for the 10th and 12th grades, with 30-day rates decreasing $2.5 \%$ for 10 th graders and $2.0 \%$ for 12th graders since the 2003 survey. There were no significant increases in past month substance use since the 2003 survey.

Figure 9


Figure 10


Table 6 Percentage of Nebraska Respondents Who Used ATODs During the Past 30 Days by Grade

| Drug Used | Nebraska Grade 6 |  | Nebraska Grade 8 |  | MTF <br> Grade 8 | Nebraska <br> Grade 10 |  | MTF <br> Grade 10 | Nebraska <br> Grade 12 |  | MTF <br> Grade 12 | Total |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2003 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 |
| Alcohol | 6.5 | 3.5 | 18.1 | 13.9 | 17.1 | 36.2 | 31.6 | 33.2 | 48.9 | 47.2 | 47.0 | 27.4 | 25.0 |
| Cigarettes | 2.6 | 1.9 | 7.7 | 6.9 | 9.3 | 19.3 | 15.3 | 14.9 | 28.0 | 26.1 | 23.2 | 14.1 | 13.2 |
| Smokeless Tobacco | 1.3 | 1.1 | 3.2 | 3.1 | 3.3 | 8.2 | 9.1 | 5.6 | 13.4 | 12.9 | 7.6 | 6.4 | 6.8 |
| Marijuana | 0.9 | 0.5 | 4.0 | 3.2 | 6.6 | 11.9 | 9.4 | 15.2 | 15.6 | 13.6 | 19.8 | 7.9 | 7.0 |
| Inhalants | 4.4 | 4.0 | 5.7 | 5.7 | 4.2 | 3.6 | 3.9 | 2.2 | 2.2 | 2.2 | 2.0 | 4.0 | 3.9 |
| Hallucinogens | 0.3 | 0.2 | 0.6 | 0.4 | 1.1 | 1.0 | 0.9 | 1.5 | 1.3 | 1.2 | 1.9 | 0.8 | 0.7 |
| Cocaine | 0.2 | 0.2 | 0.4 | 0.4 | 1.0 | 1.2 | 1.0 | 1.5 | 1.7 | 1.5 | 2.3 | 0.8 | 0.8 |
| Methamphetamines | 0.2 | 0.3 | 0.7 | 0.4 | 0.7 | 1.0 | 0.9 | 1.1 | 1.3 | 1.1 | 0.9 | 0.8 | 0.7 |
| Steroids | --- | 0.3 | --- | 0.4 | 0.5 | --- | 0.7 | 0.6 | --- | 0.7 | 0.9 | --- | 0.5 |
| Prescription Drugs | --- | 1.3 | --- | 3.8 | --- | --- | 6.2 | --- | --- | 7.4 | --- | --- | 4.9 |
| Performance Enhancers | --- | 0.1 | --- | 0.8 | --- | --- | 3.4 | --- | --- | 5.8 | --- | --- | 2.7 |
| Other Drugs | --- | 0.3 | --- | 1.6 | --- | --- | 3.1 | --- | --- | 3.4 | --- | --- | 2.2 |
| Any Drug | 6.3 | 6.6 | 10.4 | 12.6 | --- | 17.6 | 19.6 | --- | 20.4 | 24.3 | --- | 13.6 | 16.4 |

NOTE: Cells containing the --- symbol indicate an area where data is not available either due to the question not being asked in either the 2003 survey, or the MTF data is not comparable to the Nebraska data. NOTE: Steroids, Prescription Drugs, Performance Drugs, and Other Drugs were added to the Nebraska "Any Drug" category for 2005. This explains the difference in "Any Drug" use from 2003 to 2005.

Figure 11 below shows the percentage of lifetime ATOD use for males and for females. Lifetime use is a measure of the experience that young people have had with various substances. While being female has been generally considered a protective factor for substance use, it can be seen that males and females are very similar in their use of most substances and generally have substance use rates that are within one to three percent of each other. The data also indicate that females are beginning to use some substances more than males in certain grades.

As seen in Table 7 and Figure 11, females at the state level (grades 6, 8, 10, and 12 combined) have slightly higher lifetime use rates of cigarettes ( $30.5 \%$ for female lifetime use, $29.6 \%$ for male lifetime use) than males, and show similar (but lower) use levels than males for all other drugs except smokeless tobacco. Nebraska males are more than three times as likely to have tried smokeless tobacco as are females.

When examining substance use by grade (see Table 7), an interaction becomes clear between gender and grade for several substances. The most common examples are for lifetime alcohol, cigarette, and inhalant use. For all three of these substances, more males than females use in the younger grades, but females quickly gain on or pass their male counterparts. By 10th and/or 12th grade, females use at a rate similar to or exceeding that of males.

For example, in the 6th grade, $24.5 \%$ of males and $18.1 \%$ of females reported lifetime alcohol use. In the 8th grade, the rate of alcohol use is closer for each gender, with $45.0 \%$ of males and $41.0 \%$ of females reporting use. In the 10th and 12th grades, female alcohol use surpasses male use, with $62.5 \%$ of 10 th grade males and $63.7 \%$ of 10th grade females reporting use, and $78.5 \%$ of 12th grade males reporting use and $79.7 \%$ of 12th grade females reporting use. Similar trends are found for cigarettes, where female use surpasses male use in the 10th grade and is very similar in the 8th and 12th grades. Lifetime inhalant use also shows the trend, with female use surpassing male use in the 8th grade.

Figure 11


Table 7
Percentage of Males and Females by Grade Who Used ATODs During Their Lifetime

| Drug Used | Grade 6 |  |  |  | Grade 8 |  |  |  | Grade 10 |  |  |  | Grade 12 |  |  |  | Total |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Male |  | Female |  | Male |  | Female |  | Male |  | Female |  | Male |  | Female |  | Male |  | Female |  |
|  | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| Alcohol | 25.1 | 24.5 | 16.3 | 18.1 | 43.0 | 45.0 | 40.4 | 41.0 | 64.8 | 62.5 | 65.0 | 63.7 | 77.9 | 78.5 | 78.8 | 79.7 | 52.6 | 53.6 | 50.8 | 52.5 |
| Cigarettes | 12.6 | 8.0 | 10.9 | 8.0 | 25.2 | 21.8 | 25.2 | 21.7 | 42.3 | 34.1 | 43.9 | 36.7 | 57.9 | 51.1 | 57.6 | 50.1 | 34.3 | 29.6 | 34.8 | 30.5 |
| Smokeless Tobacco | 6.8 | 5.0 | 2.7 | 2.4 | 13.3 | 12.1 | 5.1 | 3.8 | 29.0 | 27.2 | 9.7 | 8.2 | 44.6 | 42.4 | 14.9 | 12.7 | 23.2 | 22.3 | 8.2 | 7.0 |
| Marijuana | 3.3 | 1.3 | 1.6 | 0.9 | 9.5 | 8.9 | 6.8 | 6.5 | 25.8 | 21.3 | 23.1 | 19.7 | 37.7 | 35.4 | 34.7 | 31.2 | 18.8 | 17.2 | 16.7 | 15.3 |
| Inhalants | 12.1 | 10.5 | 8.2 | 7.8 | 13.8 | 13.6 | 12.2 | 14.5 | 12.4 | 13.8 | 11.9 | 13.5 | 12.0 | 11.4 | 8.8 | 9.1 | 12.6 | 12.5 | 10.4 | 11.5 |
| Hallucinogens | 0.6 | 0.3 | 0.3 | 0.2 | 1.4 | 0.9 | 1.0 | 0.7 | 3.3 | 2.4 | 2.4 | 1.8 | 5.3 | 5.1 | 3.9 | 2.4 | 2.6 | 2.2 | 1.9 | 1.3 |
| Cocaine | 0.7 | 0.4 | 0.2 | 0.3 | 1.3 | 0.8 | 1.6 | 1.2 | 3.7 | 2.8 | 3.3 | 2.5 | 5.7 | 6.0 | 5.1 | 4.0 | 2.8 | 2.6 | 2.6 | 2.1 |
| Methamphetamines | 0.4 | 0.3 | 0.1 | 0.3 | 0.9 | 0.5 | 1.0 | 0.9 | 3.2 | 2.4 | 4.0 | 2.2 | 4.5 | 3.7 | 5.6 | 3.5 | 2.2 | 1.8 | 2.7 | 1.8 |
| Steroids | --- | 0.7 | --- | 0.7 | --- | 1.3 | --- | 0.7 | --- | 1.8 | --- | 0.7 | --- | 2.5 | --- | 0.6 | --- | 1.6 | --- | 0.7 |
| Prescription Drugs | --- | 4.1 | --- | 2.9 | --- | 7.5 | --- | 9.2 | --- | 11.1 | --- | 14.8 | --- | 17.1 | --- | 14.3 | --- | 10.1 | --- | 10.8 |
| Performance Enhancers | --- | 0.4 | --- | 0.3 | --- | 2.4 | --- | 0.6 | --- | 10.8 | --- | 1.3 | --- | 22.3 | --- | 2.8 | --- | 9.2 | --- | 1.3 |
| Other Drugs | --- | 1.3 | --- | 1.1 | --- | 4.1 | --- | 3.5 | --- | 7.6 | --- | 7.6 | --- | 10.1 | --- | 7.2 | --- | 6.0 | --- | 5.1 |
| Any Drug | 16.5 | 16.7 | 10.9 | 12.1 | 22.4 | 27.6 | 19.3 | 24.4 | 36.2 | 41.5 | 33.1 | 33.6 | 45.3 | 53.8 | 41.7 | 41.5 | 30.2 | 36.1 | 26.8 | 29.1 |

[^0]
## 30-Day ATOD Use by Gender

Table 8 on the following page shows the percentage of ATOD use in the past 30 days by males and females in grades $6,8,10$, and 12 . Total rates of $30-$ day use are very similar except in use of smokeless tobacco and marijuana. The use rate for 30 -day smokeless tobacco use was significantly higher for males ( $11.2 \%$ compared to $2.3 \%$ for females). There was also a significant difference in marijuana use, with $7.8 \%$ of males reporting use in the past 30 days compared to $6.1 \%$ of females. Males were slightly more likely than females to use alcohol, inhalants, hallucinogens, cocaine, steroids, performance enhancers and other illegal drugs. Females were slightly more likely to use cigarettes ( $12.7 \%$ for males, $13.4 \%$ of females).

When examining substance use by grade (see Table 8), the interaction found in lifetime use again becomes clear for cigarettes, inhalants, methamphetamines, and illegally-used prescription drugs. For these substances, males typically start out using the substances more frequently than females, but females quickly gain on or pass their male counterparts by later grades. For cigarettes, more females than males use in all grades, with female use surpassing male use the most in the 10th grade. For inhalants and methamphetamine use, female use surpasses male use in the 8th grade. For illegal prescription drug use, female use surpasses male use in the 8th and 10th grades.

Figure 12


Table 8
Percentage of Males and Females by Grade Who Used ATODs During The Past 30 Days

| Drug Used | Grade 6 |  |  |  | Grade 8 |  |  |  | Grade 10 |  |  |  | Grade 12 |  |  |  | Total |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Male |  | Female |  | Male |  | Female |  | Male |  | Female |  | Male |  | Female |  | Male |  | Female |  |
|  | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| Alcohol | 8.5 | 3.8 | 4.9 | 3.1 | 18.1 | 14.5 | 17.8 | 13.3 | 35.6 | 32.0 | 37.0 | 30.9 | 49.5 | 47.9 | 49.3 | 46.6 | 27.7 | 25.3 | 27.7 | 24.6 |
| Cigarettes | 2.8 | 1.8 | 2.3 | 2.0 | 6.4 | 6.9 | 8.5 | 7.0 | 17.4 | 14.7 | 20.6 | 15.7 | 27.1 | 25.7 | 29.1 | 26.3 | 13.3 | 12.7 | 15.3 | 13.4 |
| Smokeless Tobacco | 1.7 | 1.3 | 0.8 | 0.9 | 4.3 | 4.7 | 2.1 | 1.5 | 13.4 | 14.8 | 3.0 | 8.4 | 22.8 | 22.5 | 3.8 | 3.2 | 10.4 | 11.2 | 2.4 | 2.3 |
| Marijuana | 1.2 | 0.7 | 0.5 | 0.4 | 4.1 | 3.6 | 3.3 | 2.9 | 12.5 | 10.1 | 10.8 | 8.3 | 16.1 | 15.7 | 14.9 | 11.3 | 8.4 | 7.8 | 7.5 | 6.1 |
| Inhalants | 5.3 | 4.5 | 3.5 | 3.5 | 5.6 | 5.7 | 5.2 | 5.8 | 3.6 | 4.1 | 3.5 | 3.6 | 3.0 | 2.7 | 1.7 | 1.6 | 4.4 | 4.3 | 3.5 | 3.7 |
| Hallucinogens | 0.4 | 0.2 | 0.2 | 0.2 | 0.6 | 0.4 | 0.6 | 0.4 | 1.2 | 1.1 | 0.8 | 0.8 | 1.9 | 1.6 | 0.6 | 0.8 | 1.0 | 0.8 | 0.6 | 0.6 |
| Cocaine | 0.4 | 0.2 | 0.1 | 0.2 | 0.7 | 0.4 | 0.7 | 0.5 | 1.0 | 1.2 | 1.1 | 0.9 | 1.3 | 2.2 | 0.9 | 0.7 | 0.8 | 1.0 | 0.7 | 0.6 |
| Methamphetamines | 0.3 | 0.3 | 0.0 | 0.3 | 0.4 | 0.3 | 0.4 | 0.6 | 0.9 | 0.9 | 1.6 | 0.7 | 1.5 | 1.1 | 1.7 | 1.0 | 0.8 | 0.7 | 0.9 | 0.7 |
| Steroids | --- | 0.3 | --- | 0.3 | --- | 0.6 | --- | 0.2 | --- | 1.1 | --- | 0.2 | --- | 1.1 | --- | 0.3 | --- | 0.8 | --- | 0.3 |
| Prescription Drugs | --- | 1.6 | --- | 1.1 | --- | 3.7 | --- | 3.8 | --- | 5.5 | --- | 6.9 | --- | 8.3 | --- | 6.4 | --- | 4.9 | --- | 4.8 |
| Performance Enhancers | --- | 0.2 | --- | 0.1 | --- | 1.3 | --- | 0.3 | --- | 6.3 | --- | 0.6 | --- | 10.7 | --- | 1.0 | --- | 4.8 | --- | 0.5 |
| Other Drugs | --- | 0.3 | --- | 0.2 | --- | 1.6 | --- | 1.5 | --- | 3.5 | --- | 2.6 | --- | 4.3 | --- | 2.4 | --- | 2.6 | --- | 1.8 |
| Any Drug | 7.7 | 7.8 | 5.1 | 5.4 | 10.4 | 13.9 | 10.0 | 11.4 | 18.3 | 22.6 | 16.9 | 16.5 | 21.4 | 30.2 | 19.7 | 18.1 | 14.4 | 19.3 | 13.1 | 13.4 |
| NOTE: Steroids, Prescription Drugs, Performance Drugs, and Other Drugs were added to the Nebraska "Any Drug" category for 2005. This explains the difference in "Any Drug" use from 2003 to 2005. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## Prevalence of 30-Day Alcohol Use by Grade and Gender

In addition to using the NRPFSS data to determine the percent of students who used alcohol at least once in the past month, NePiP had an interest in taking a closer look at the students who fell within that category to see how regularly students were drinking in the past month. To assess the prevalence of drinking, students were asked to report the number of times they drank beer, wine, or hard liquor (more than a few sips) in the past 30 days. Response categories were as follows: 0 Occasions, 1-2 Occasions, 3-5 Occasions, 6-9 Occasions, 10-19 Occasions, 20-39 Occasions, and 40+ Occasions.

Table 9 and Figure 13 provide data on the prevalence of 30 -day alcohol use by grade. While a majority of students in all grades indicated that they had not used alcohol, $12.7 \%$ of survey respondents (grades $6,8,10$, and 12 combined) indicated using alcohol one to two occasions in the past month, $5.4 \%$ indicated using alcohol three to five times in the past month, $3.4 \%$ indicated using alcohol six to nine times in the past month, $2.1 \%$ indicated using alcohol ten to 19 times in the past month, and less than once percent indicated using either 20 to 39 times or 40 plus times in the past month.

The prevalence of alcohol use increases with increased grade level, with 10th and 12th grade students indicating the highest prevalence of past month use. For example, $0.5 \%$ of 6 th graders, $2.3 \%$ of 8 th graders, $7.2 \%$ of 10 th graders, and $10.8 \%$ of 12 th graders indicated that they used alcohol three to five times in the past month. While 10th grade prevalence is relatively close to 12th grade prevalence for the one to two occasion and three to five occasion categories, 12th graders are more than twice as likely to use alcohol six to nine occasions, ten to 19 occasions, 20 to 39 occasions, and 40 plus occasions in the past month than 10th graders.

Table 9 and Figure 14 display data on past month alcohol use prevalence by gender. As with 30 -day substance use rates, male and female prevalence rates of alcohol use are very similar. While $1.3 \%$ more females than males indicated using alcohol one to two times in the past month ( $12.0 \%$ of males compared to $13.3 \%$ of females), the gender differences in other use categories are only $0.1 \%$ to $0.6 \%$.

## Table 9

$|$| Percentage of Students Reporting the Number of Times They Have Used Alcohol in the Past <br> 30 Days |  |  |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 6th Grade | 8th Grade | 10th Grade | 12th Grade | Total | Male | Female |
| 0 Occasions | 96.5 | 86.1 | 68.4 | 52.8 | 75.0 | 74.7 | 75.4 |
| 1-2 0ccasions | 2.6 | 9.2 | 16.7 | 20.1 | 12.7 | 12.0 | 13.3 |
| 3-5 Occasions | 0.5 | 2.3 | 7.2 | 10.8 | 5.4 | 5.5 | 5.4 |
| 6-9 Occasions | 0.2 | 1.2 | 3.8 | 7.8 | 3.4 | 3.5 | 3.1 |
| 10-19 Occasions | 0.0 | 0.6 | 2.5 | 5.1 | 2.1 | 2.4 | 1.9 |
| 20-39 Occasions | 0.0 | 0.3 | 0.9 | 1.9 | 0.8 | 0.9 | 0.6 |
| $40+$ 0ccasions | 0.1 | 0.2 | 0.6 | 1.5 | 0.6 | 0.9 | 0.3 |

Figure 13
Student Prevalence of 30-Day Alcohol Use by Grade


Figure 14


## Prevalence of Binge Drinking by Grade and Gender

NePiP also had an interest in taking a closer look at the prevalence of binge drinking in the past two weeks. To assess the prevalence of binge drinking, students were asked to report the number of times they had five or more alcoholic drinks in a row in the past two weeks. For this question the response categories were as follows: none, once, twice, 3-5 times, 6-9 times, 10 or more times.

Table 10 and Figure 15 provide data on the prevalence of binge drinking by grade level. While a majority of students in all grades indicated that they had not engaged in binge drinking, the following rates of binge drinking for all survey respondents (grades $6,8,10$, and 12 combined) were reported:

- binge drinking once in the past two weeks: $6.2 \%$;
- binge drinking twice in the past two weeks: $4.3 \%$;
- indicated binge drinking three to five times in the past two weeks: 3.9\%;
- indicated binge drinking six to nine times in the past two weeks: $1.1 \%$;
- binge drinking ten or more times in the past two weeks: $1.2 \%$.

As with past month alcohol use, the prevalence of binge drinking increases with increased grade level, with 10th and 12 th grade students indicating the highest prevalence of binge drinking. For example, $0.8 \%$ of 6 th graders, $2.0 \%$ of 8 th graders, $5.5 \%$ of 10 th graders, and $11.2 \%$ of 12 th graders indicated that they engaged in binge drinking twice in the past two weeks.

The previous section showed that, at each grade level, the percent of youth in each prevalence category decreased as the prevalence increased. However, for 12th grade binge drinking prevalence, a less gradual downward trend was seen. For the 12 th grade, an equal percent of students $(8.4 \%)$ indicated binge drinking twice in the past two weeks and three to five times in the past two weeks. Likewise, an equal percent of 12 th grade students $(2.4 \%)$ indicated binge drinking six to nine times in the past two weeks and ten or more times in the past two weeks. With $16.8 \%$ of 12 th graders binge drinking two to five times in the past two weeks, and $4.8 \%$ of 12 th graders binge drinking six or more times in the past two weeks, the high school years are obviously a key time for implementing prevention initiatives targeting binge drinking and for increasing school and community policies and practices to combat binge drinking among high school youth.

Table 10 and Figure 16 display data on past month binge drinking prevalence by gender. As with 30-day prevalence rates, male and female prevalence rates of binge drinking are very similar. The male and female percentages in each binge drinking prevalence category differ by only $0.3 \%$ to $0.7 \%$.

## Table 10

> Percentage of Students Reporting the Number of Times They Have Engaged in Binge Drinking in the Past Two Weeks
> (Binge drinking is defined as consuming 5 or more drinks in a row)

|  | 6th Grade | 8th Grade | 10th Grade | 12th Grade | Total | Male | Female |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| None | 96.7 | 92.3 | 79.4 | 67.2 | 83.3 | 82.4 | 84.3 |
| Once | 1.8 | 3.4 | 7.7 | 11.2 | 6.2 | 6.1 | 6.4 |
| Twice | 0.8 | 2.0 | 5.5 | 8.4 | 4.3 | 4.5 | 4.1 |
| 3-5 times | 0.5 | 1.3 | 4.8 | 8.4 | 3.9 | 4.2 | 3.5 |
| 6-9 times | 0.1 | 0.4 | 1.2 | 2.4 | 1.1 | 1.3 | 0.9 |
| 10 or more times | 0.1 | 0.6 | 1.4 | 2.4 | 1.2 | 1.5 | 0.8 |

Figure 15
Student Prevalence of Binge Drinking* by Grade:
(Binge drinking defined as consuming five or more drinks
in a row at least once in the past two weeks)


Figure 16


## Multiple Drug Use

The percentage of youth who use various substances in combination with other substances is shown by grade and gender in Table 11. The multiple use data by grade and gender are also displayed graphically on the next page in Figures 17 and 18. For these data, the term "Any substance" is defined as using one or more of all the substances measured by the survey except alcohol and tobacco.

Across grades, alcohol and tobacco use was most commonly followed by alcohol and any other substance. Alcohol and marijuana use was third, followed by marijuana and tobacco, and finally by alcohol, tobacco and marijuana. As seen in Figure 17, use of all combinations of substances increases with increasing grade. However, the largest jump in multiple use typically occurs between grade 8 and grade 10 . This jump in use is particularly clear for alcohol and tobacco use, but occurs in all combinations. This larger increase is likely the result of students transitioning from elementary or middle school to high school. These findings indicate that efforts to prevent substance use should start well before students transition to high school.

An examination of multiple drug use by gender indicates males use more of all combinations of substances. Differences are most marked for the alcohol and tobacco category, alcohol and marijuana category, and alcohol and any other substance category. For other multiple substance use categories, males are only slightly more likely to use the multiple substance combinations.

Table 11
Percentage Using Multiple Drugs in the Past 30 Days (2005)

|  | $\begin{gathered} \text { Grade } \\ 6 \end{gathered}$ | $\begin{gathered} \text { Grade } \\ 8 \end{gathered}$ | $\begin{gathered} \text { Grade } \\ 10 \end{gathered}$ | $\begin{gathered} \text { Grade } \\ 12 \end{gathered}$ | Total (Grades 6, 8, 10, and 12) | Male | Female |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Alcohol and Tobacco | 0.7 | 5.4 | 17.2 | 28.0 | 13.1 | 13.1 | 10.2 |
| Marijuana and Tobacco | 0.3 | 2.2 | 6.7 | 11.1 | 5.2 | 5.2 | 4.4 |
| Alcohol and Marijuana | 0.3 | 2.5 | 8.1 | 13.7 | 6.3 | 6.3 | 5.1 |
| Marijuana and Tobacco and Alcohol (all three) | 0.2 | 1.6 | 5.8 | 10.0 | 4.5 | 4.5 | 3.8 |
| Alcohol and Any Other Substance | 1.5 | 5.5 | 13.8 | 22.6 | 11.1 | 11.1 | 8.2 |

Figure 17


Figure 18


## Perceived Harmfulness of ATODs

When students perceive a substance as harmful, they are less likely to use it. The NRPFSS asked students, "How much do you think people risk harming themselves (physically or in other ways) if they:" smoked cigarettes heavily, tried marijuana, smoked marijuana regularly, drank alcohol regularly, or used methamphetamines. Response categories were "No Risk," "Slight Risk," "Moderate Risk," or "Great Risk." Results for perceived harmfulness in Table 12 and Figure 19 (on the next page) display the percentage of students who indicated that using certain substances places people at "Great Risk" for health and other problems. For all items except methamphetamines, Nebraska responses can be compared to the national MTF data. MTF data did not measure perceived risk of methamphetamine use.

While perceived harmfulness of using methamphetamines increases as students get older, perception of harm decreases with age for the following substances:

- smoking one or more packs of cigarettes per day,
- trying marijuana once or twice,
- smoking marijuana regularly, and
- drinking one or two alcoholic beverages nearly every day

Nebraska students reported higher perceived risk than MTF respondents in the following areas:

- 8th grade: heavy cigarette use, trying marijuana, regular marijuana use, and regular alcohol use ( $2.6 \%$ to $8.0 \%$ more Nebraska 8 th graders than MTF 8th graders reported perceived risk);
- $10^{\text {th }}$ grade: trying marijuana once or twice; and
- $12^{\text {th }}$ grade: trying marijuana once or twice and regular alcohol use

However, Nebraska students also reported lower perceived harmfulness for the following substances:

- $10^{\text {th }}$ grade: heavy cigarette use, regular marijuana use, and regular alcohol use ( $1.3 \%$ to $5.9 \%$ lower than national rates for the 10th grade).
- 12th grade: harmfulness of heavy cigarette use ( $14.3 \%$ lower than 12 th grade MTF rates, with $62.2 \%$ of Nebraska 12th graders indicating that heavy cigarette use put people at "Great risk" compared to $76.5 \%$ of 12th grade MTF respondents) and regular marijuana use ( $4.4 \%$ lower for Nebraska youth than national MTF youth).

Table 12 Percentage of Nebraska and Monitoring the Future Respondents Who Perceive that Using the Five Categories of Substances Places People at "Great Risk"

| Question | Nebraska Grade 6 |  | Nebraska Grade 8 |  | Grade 8 MTF | Nebraska Grade 10 |  | $\begin{gathered} \text { Grade } \\ 10 \\ \text { MTF } \end{gathered}$ | Nebraska Grade 12 |  | Grade <br> 12 <br> MTF | Total |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2003 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 |
| Smoke one or more packs of cigarettes per day | 70.2 | 65.3 | 71.0 | 64.1 | 61.5 | 68.9 | 62.2 | 68.1 | 66.8 | 62.2 | 76.5 | 69.3 | 63.4 |
| Try marijuana once or twice | 48.0 | 43.4 | 42.7 | 39.4 | 31.4 | 30.2 | 24.9 | 22.3 | 22.6 | 17.6 | 16.1 | 36.0 | 30.6 |
| Smoke marijuana regularly | 82.3 | 78.6 | 81.7 | 78.0 | 73.9 | 66.1 | 64.3 | 65.5 | 58.9 | 53.7 | 58.0 | 72.5 | 68.1 |
| Drink one or two alcoholic beverages nearly every day | 45.5 | 41.2 | 40.2 | 35.7 | 31.4 | 32.7 | 29.1 | 32.6 | 30.0 | 27.1 | 23.7 | 37.1 | 32.8 |
| Used Methamphetamines | 83.6 | 82.0 | 89.6 | 86.6 | --- | 91.0 | 88.5 | --- | 92.5 | 91.4 | --- | 89.3 | 87.4 |

[^1]When we compare the two years of survey data, Table 12 shows that perceived harmfulness of the use of the following substances has decreased significantly in all grades since the 2003 survey:

- perceived harmfulness of heavy cigarette use (decreased $4.6 \%$ to $6.9 \%$ in each grade),
- perceived harmfulness of trying marijuana once or twice (decreased 3.3\% to $5.3 \%$ in each grade),
- perceived harmfulness of regular marijuana use (decreased $1.8 \%$ to $5.2 \%$ in each grade),
- perceived harmfulness of regular alcohol use (decreased $2.9 \%$ to $4.5 \%$ in each grade), and
- perceived harmfulness of methamphetamine use (decreased $1.1 \%$ to $3.0 \%$ in each grade).



## Perceived Availability of ATODs

Availability of ATODs has been linked to substance abuse and violence. The NRPFS survey questionnaire included a question that asked: "how easy would it be to get some..." cigarettes, alcoholic beverages, marijuana, or other drugs (cocaine, LSD, or amphetamines). The response choices were: "Very Hard," "Sort of Hard," "Sort of Easy," and "Very Easy." Table 13 contains the percentage of youth who reported that it was "Sort of Easy" or "Very Easy" to get the substances.

It is important to note that all substances are perceived as increasingly easier to obtain as grade increases. This is true in both the Nebraska and national sample. For those students taking the NRPFSS, perceived availability of cigarettes and alcohol more than doubles from 6th to $8^{\text {th }}$ grade and more than quadruples between 6th and 12th grade. For Nebraska youth, marijuana is perceived as more than eleven times more easily obtained in 12th grade than in 6th grade, and more than three times as easy to obtain in 8th compared to 6th. By 12th grade, alcohol, cigarettes, and marijuana are perceived as easily obtained by over $60 \%$ of the surveyed students. Finally, perceived availability of cocaine and other drugs also grows quickly across increasing grade level. For Nebraska youth, cocaine and other drugs are perceived as eight times easier to obtain in 12th grade than in 6th, and twice as easy in 8th relative to 6th.

The results reveal that Nebraska survey participants perceive all substances as being more difficult to obtain than the national average. In all categories and all grades where comparisons are available, there is a $9.0 \%$ to $27.3 \%$ difference in perceived availability between Nebraska results and national results. This difference is also illustrated in Figure 20, which displays perceived availability of substances by students in grades 8,10 , and 12 in the Nebraska and national surveys.

When we compare the two years of survey data, Table 13 shows many positive decreases in perceived availability at the grade and state total levels. Perceived availability of alcohol decreased $1.3 \%$ in the 6th grade, but increased $2.3 \%$ in the 8 th grade, $2.0 \%$ in the 10 th grade, $3.2 \%$ in the 12 th grade, and $3.1 \%$ for all grades combined. Perceived availability of marijuana decreased $2.9 \%$ to $6.4 \%$ in each grade and $8.4 \%$ for all grades combined. Perceived availability of cocaine, LSD, and amphetamines decreased $2.8 \%$ to $3.5 \%$ in each grade and $2.6 \%$ for all grades combined.

Table 13 Percentage of Nebraska and Monitoring the Future Respondents Who Perceive the Four Substances as "Sort of Easy" or "Very Easy" to Get

| Question | Nebraska Grade 6 |  | Nebraska Grade 8 |  | Grade 8 MTF | Nebraska Grade 10 |  | Grade 10 <br> MTF | Nebraska Grade 12 |  | Grade 12 <br> MTF | Total |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2003 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 | 2005 | 2003 | 2005 |
| Cigarettes | 17.2 | 13.6 | 36.6 | 33.9 | 59.1 | 68.4 | 63.9 | 81.5 | 88.7 | 88.2 | --- | 53.8 | 52.6 |
| Alcoholic beverage | 18.4 | 17.1 | 40.1 | 42.4 | 64.2 | 69.0 | 71.0 | 83.7 | 80.8 | 84.0 | 93.0 | 53.3 | 56.4 |
| Marijuana | 8.3 | 5.2 | 21.8 | 17.4 | 41.1 | 51.6 | 45.2 | 72.6 | 64.5 | 61.6 | 85.6 | 42.9 | 34.6 |
| Cocaine, LSD, or Amphetamines | 5.6 | 2.8 | 10.3 | 7.0 | --- | 20.7 | 17.8 | --- | 26.1 | 22.6 | --- | 16.0 | 13.4 |

Figure 20


## Substance Use in Relation to Perceived Peer Substance Use

The questions assessing perceptions of peer use asked students: "How many people your age do you think..." smoke cigarettes, drink alcohol, smoke marijuana, or use methamphetamines. Response options for the items were: "None of them," "Less than half of them," "About half of them," "More than half of them," "All or almost all." Table 14 and Figures 21 and 22 show personal use (number of occasions used) in relation to the perception that either more than half of peers use or almost all of them use.

The significance of this data is perhaps most clearly seen in Figures 21 and 22 which clearly indicate that the more students perceive others as using, the more likely they are to report use themselves. For example, among students who have never used alcohol, only $19.8 \%$ believe a majority (half or more) of students their age use. Among students who used alcohol once or twice, the number who think most of the students their age use jumps to $33.6 \%$. Among students who have used alcohol more than 10 times, $75.4 \%$ believe most of the people their
age use. Similar trends are observed for marijuana, methamphetamine, and cigarette use.

There are a few logical interpretations of these correlational data. The first interpretation suggests that perceptions of peer approval might be related to heavier personal use; that is, perhaps students use more when they believe others their age use. Alternatively, perhaps students who use more rationalize their use by suggesting that most people their age use. Because these data are correlational (and not causal), however, another interpretation is equally viable. It is also possible that students who use more are surrounded by friends who use more; hence, perceptions of peer use might be quite accurate if they are using the people around them as the comparison standard. No matter what the nature of the relationship, there is nevertheless a clear association between perceived peer use and one's own personal use.

Table 14

| Perceived Peer Use of ATODs Compared to Lifetime Personal Use (2005) |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Personal Lifetime Use Response Options: Alcohol Marijuana, Methamphetamines | Perceived Percentage of Peers Who Used the Three Substances |  |  | Personal Lifetime Use Response Options: Cigarettes Only | Perceived Percentage of Peers Who Used the Substance |
|  | Alcohol | Marijuana | Methamphetamines |  | Cigarettes |
| 00 ccasions | 19.8 | 7.3 | 2.4 | Never | 10.9 |
| 1-2 Occasions | 33.6 | 24.6 | 10.8 | Once or twice | 26.5 |
| 3-5 Occasions | 43.6 | 27.7 | 9.0 | Once in a while but not regularly | 34.9 |
| 6-9 0ccasions | 57.3 | 31.2 | 13.6 | Regularly in the past | 42.4 |
| 10 or more Occasions | 75.4 | 43.9 | 19.4 | Regularly now | 53.1 |

Figure 21


Figure 22


## Substance Use in Relation to Perceived Parental Acceptability

When parents have favorable attitudes toward drug use, they influence the attitudes and behavior of their children. For example, parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person using marijuana. Further, in families where parents involve children in their own drug or alcohol behavior (e.g., asking the child to light the parent's cigarette or to get the parent a beer) research shows there is an increased likelihood that their children will become drug abusers in adolescence. Table 15 and Figure 23 show lifetime substance use rates (i.e., student has used) as a function of perceived parental acceptability of the substance, and Table 16 and Figure 24 show past month use (i.e. student has used at least once in the past month) in relation to perceived parental acceptability. Typically, even the slightest perception of parental approval leads to an increased use of the substance. This is exactly the pattern seen among Nebraska students.

## Lifetime Use

Across all substances, lifetime use rates more than double, (and, in the case or marijuana use, increase by five times) if students perceive their parent's view of the substance as even mildly accepting (i.e. they perceive their parents believe it is "Wrong," not "Very Wrong" to use the substance). In the case of marijuana, for example, student use rises from $12.0 \%$ when parents are perceived as viewing marijuana use as "Very Wrong" to $61.4 \%$ when student perceptions are that their parents feel marijuana use is only "Wrong." The same patterns are evident for cigarette and alcohol use as well.

## Table 15

Lifetime Substance Use as a Function of Perceived Parental Acceptance (2005)

| Substance | Perceived Level of Parental Acceptance |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Very Wrong | Wrong | A Little <br> Wrong | Not Wrong <br> at All |
| Cigarettes | 20.2 | 58.1 | 77.1 | 78.5 |
| Marijuana | 12.0 | 60.8 | 75.8 | 61.4 |
| Alcohol | 37.1 | 79.8 | 90.2 | 87.8 |

## 30-Day Use

The same pattern observed with lifetime use is even more apparent in 30day use. As seen in Table 16 and Figure 24, even the slightest perception of parental acceptance increases student use dramatically. In the case of cigarettes, where students perceived the parental view of use as only "Wrong" as opposed to "Very Wrong," 30-day cigarette use rates increased from 6.4\% to $26.3 \%$. That is, less than $7 \%$ of students who reported that their parents perceived smoking as "Very Wrong" also reported smoking within the last 30 days, while students who reported a lesser degree of parental disapproval ("Wrong" versus "Very Wrong") reported smoking at rates more than four times higher.

While the "Not Wrong At All" category of perceived parental views most often correlated with the highest rates of students reporting substance use in the past 30 days, it is important to note that, for both lifetime and 30-day use, there is a small number of students reporting their parents feel use is "Not Wrong at All." Accordingly, some caution needs to be used when interpreting the accuracy of the values for this response category and when comparing these values to other categories.

Altogether, results of student use as a function of perceived parental acceptance serve to highlight the importance of parents having strong and clear standards and rules when it comes to ATOD use.

Table 16
30-Day Substance Use as a Function of Perceived Parental Acceptance (2005)

| Substance |  | Perceived Level of Parental Acceptance |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: |
|  |  | Wrong | A Little <br> Wrong | Not Wrong <br> at All |  |
| Cigarettes | 6.4 | 26.3 | 52.5 | 62.2 |  |
| Marijuana | 4.0 | 31.4 | 52.1 | 48.1 |  |
| Alcohol | 12.7 | 40.0 | 60.5 | 64.0 |  |

Figure 23


Figure 24


## Perception of School Importance and Substance Use

## Lifetime Use

As seen in Table 17 and Figure 25, the more important students believe school is, the less likely they are to use cigarettes, marijuana, or alcohol. In fact, students who perceive school as "slightly important" are two times as likely to use cigarettes, three times as likely to use marijuana, and two times as likely to use alcohol as students who see school as "very important."

## 30-Day Use

As seen in Table 18 and Figure 26 the same pattern seen in lifetime use is also seen in 30 -day use. Specifically, the more important students feel school is, the less likely they are to use. Students who perceive school as "slightly important" are three times as likely to use cigarettes or alcohol and four times as likely to use marijuana as students who see school as "very important." These data emphasize the need to establish the importance of school with youth.

Table 17
Lifetime Substance Use as a Function of Reported School Importance (2005)

| Substance |  | Reported School Importance |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Quite <br> important | Fairly <br> important | Slightly <br> important | Not at all <br> important |  |
| Cigarettes | 20.0 | 27.2 | 39.2 | 48.7 | 54.1 |  |
| Marijuana | 8.5 | 14.0 | 22.7 | 32.3 | 38.0 |  |
| Alcohol | 36.6 | 53.1 | 65.9 | 74.4 | 72.0 |  |

Table 18
30-Day Substance Use as a Function of Reported School Importance (2005)

| Substance | Reported School Importance |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Very <br> important | Quite <br> important | Fairly <br> important | Slightly <br> important | Not at all <br> important |  |
|  | 7.1 | 10.6 | 18.3 | 27.1 | 29.7 |  |
| Marijuana | 3.3 | 5.5 | 9.8 | 15.0 | 23.2 |  |
| Alcohol | 13.6 | 23.1 | 34.7 | 43.4 | 42.8 |  |

Figure 25


Figure 26


Table 19 and Figure 27 contain data on the sources of alcohol reported by those Nebraska students who reported alcohol use. When examining sources and places of alcohol, it is important to note that the categories are not mutually exclusive, and students were allowed to select more than one option. For example, students who report getting alcohol from someone over 21 might also report getting it from a relative. Accordingly, total percentages will not sum to $100 \%$ within grade, as selection of multiple options is evident. Further, it must be noted that the percentages reported in Table 19 reflect the percent of students who reported "yes" to the individual questions, and that the percentages only account for alcohol-using students and not those students who answered "did not use" to the individual questions.

Across all grades, the most prominent source of alcohol among Nebraska students is from someone age 21 or older. This source becomes increasingly more frequent as students progress from the 6th grade ( $45.9 \%$ obtained alcohol from someone 21 or older) to the 12th grade ( $77.2 \%$ obtained alcohol from someone 21 or older). The likelihood of alcohol-using students obtaining alcohol from someone under 21, buying alcohol with a fake ID, and obtaining alcohol from a stranger also typically increases with increased grade level.

For alcohol-using 6th and 8th graders, the major sources for obtaining alcohol are getting it from home with a parent's permission $(42.1 \%$ for the 6th grade, $32.8 \%$ for the 8 th grade) and from someone 21 or older $(45.9 \%$ for the 6th grade, $55.2 \%$ for the 8 th grade). For alcohol-using 10th and 12th graders, the major sources for obtaining alcohol are getting it from someone 21 or older $(64.1 \%$ for the 10th grade, $77.2 \%$ for the 12 th grade) and from someone under 21 ( $43.2 \%$ for the 10th grade, $41.3 \%$ for the 12 th grade).

Encouragingly, obtaining alcohol with a fake ID is rare, with only $1.4 \%$ of 6th graders, $1.6 \%$ of 8 th graders, $1.1 \%$ of 10 th graders, and $1.3 \%$ of 12 th graders indicating that they obtained alcohol through use of a fake ID.

In comparison to 2003 survey data, the percent of students indicating that they got alcohol from their home with their parent's permission increased $1.3 \%$ to $7.5 \%$ in grades 6,8 , and 10 ; the percent of students indicating that they got alcohol from their home without their parent's permission also increased $1.8 \%$ to $2.7 \%$ in grades 8,10 , and 12 since the 2003 survey. The percent of students indicating that a stranger bought alcohol for them decreased $1.2 \%$ to $2.8 \%$ in each grade from 2003 to 2005.

Table 19

April 2006
Percentage of Students Indicating Their Usual Source of Obtaining Alcohol

|  | 6th Grade |  | 8th Grade |  | 10th Grade |  | 12th Grade |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| Bought it with a fake ID | 3.6 | 1.4 | 1.7 | 1.6 | 0.9 | 1.1 | 1.4 | 1.3 |
| Bought it without a fake ID | 3.4 | 4.9 | 2.5 | 2.8 | 3.0 | 2.9 | 4.6 | 5.2 |
| I got it from someone over 21 | 46.5 | 45.9 | 51.9 | 55.2 | 64.5 | 64.1 | 76.8 | 77.2 |
| I got it from someone under 21 | 17.2 | 15.9 | 32.7 | 30.3 | 41.8 | 43.2 | 38.0 | 41.3 |
| I got it from a brother or sister | 13.0 | 15.0 | 17.9 | 15.9 | 17.2 | 17.3 | 15.6 | 17.2 |
| I got it from home with a parent's permission | 34.6 | 42.1 | 26.4 | 32.8 | 18.7 | 20.0 | 15.3 | 15.3 |
| I got it from home without a parent's permission | 23.4 | 19.9 | 30.5 | 32.3 | 27.5 | 30.2 | 18.8 | 21.2 |
| I got it from another relative | 29.3 | 26.7 | 26.3 | 30.8 | 20.2 | 22.9 | 15.7 | 16.4 |
| A stranger bought it for me | 4.2 | 3.0 | 5.1 | 3.8 | 11.0 | 8.2 | 14.1 | 12.6 |
| I took it from a store | 2.0 | 3.3 | 2.9 | 3.7 | 3.2 | 2.5 | 2.4 | 2.9 |
| Other | 16.6 | 21.3 | 25.7 | 25.2 | 22.2 | 24.3 | 16.5 | 18.1 |

Figure 27


## Places of Alcohol Use

Table 20 and Figure 28 contain data on the reported places of last alcohol use by those Nebraska students who reported alcohol use. When examining sources and places of alcohol, it is important to note that the categories are not mutually exclusive, and students were allowed to select more than one option. For example, students who report drinking alcohol at home might also have reported drinking in an open area (e.g. field or pasture). Accordingly, total percentages will not sum to $100 \%$ within grade, as selection of multiple options is evident. Further, it must be noted that the percentages reported in Table 20 reflect the percent of students who reported "yes" to the individual questions, and that the percentages only account for alcohol-using students and not those students who answered "did not use" to the individual questions.

Most students in the 6th, 8th, and 10th grades who had indicated that they had used alcohol in the past year, indicated that they drank alcohol either at home or at someone else's house. Students in all grades become more likely to drink at someone else's house as they increase in grade ( $37.7 \%$ in the 6th grade, $56.3 \%$ in the 8 th grade, $71.5 \%$ in the 10th grade, and $77.2 \%$ in the 12th grade). The second most likely place of use (for students in the 6th, 8 th, and 10 th grades) is in the home ( $59.8 \%$ in the 8 th grade, $51.6 \%$ in the 10th grade, $38.4 \%$ in the 10th grade, and $30.0 \%$ in the 12th grade). Twelfth
graders' second highest place of alcohol use was in a car ( $37.9 \%$ reported drinking alcohol in a car).

The likelihood of drinking at someone else's home; in an open area; a sporting event or concert; a restaurant, bar, or club; empty building or site; hotel or motel; and in a car all typically increased with increased grade level. This could be because students are provided more places to drink in general as they age. Drinking at home peaks in the 6th grade and then decreases with increased grade level ( $59.8 \%$ in the 6 th grade, $30.0 \%$ in the 12 th grade). Students in younger grades with fewer places to go and fewer transportation options seem to be more likely to drink at home.

It is also interesting to note that there is a fairly big jump in the percent of students reporting drinking at a restaurant, bar, or club from the 10th grade to the 12 th grade $(5.6 \%$ in the 10 th grade and $7.7 \%$ at a restaurant, bar, or club). The reported rate of drinking in this location was $5.6 \%$ to $5.8 \%$ in the 6th, 8 th, and 10 th grades.

Since the 2003 survey, the percent of students indicating that they drank alcohol in a car decreased $1.0 \%$ to $4.8 \%$ in each grade, and the percent indicating that they drank with one or more adults present decreased $1.5 \%$ to $3.5 \%$ in each grade.

Table 20

| Percentage of Students Indicating Where They Usually Drank Alcohol |  |  |  |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 6th Grade | 8th Grade |  | 10 th Grade |  | 12th Grade |  |  |
|  | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| Home | 58.6 | 59.8 | 48.7 | 51.6 | 36.9 | 38.4 | 30.6 | 30.0 |
| Someone Else' Home | 40.6 | 37.7 | 58.8 | 56.3 | 72.5 | 71.5 | 78.2 | 77.2 |
| Open Area | 10.4 | 12.5 | 16.5 | 16.1 | 26.1 | 24.0 | 28.0 | 27.5 |
| Sporting Event or Concert | 2.7 | 5.5 | 5.9 | 5.7 | 7.7 | 7.9 | 9.7 | 10.6 |
| Restaurant or Bar | 3.8 | 5.6 | 6.0 | 5.8 | 5.8 | 5.6 | 7.9 | 7.7 |
| Empty Building or Site | 4.6 | 4.7 | 5.0 | 4.8 | 5.6 | 5.0 | 5.4 | 6.0 |
| Hotel / Motel | 5.9 | 7.1 | 8.3 | 8.2 | 11.0 | 9.7 | 14.4 | 12.4 |
| In a Car | 15.5 | 14.0 | 19.8 | 18.8 | 36.5 | 31.7 | 41.8 | 37.9 |
| One or More Adults Present | 60.5 | 57.6 | 46.7 | 45.2 | 36.5 | 34.1 | 37.3 | 33.8 |

In addition to reporting adults as their primary suppliers of alcohol (see Table 19), significant percentages of youth also reported that one or more adults were present the last time they consumed alcohol:

- $57.6 \%$ of $6^{\text {th }}$ grade students;
- $45.2 \%$ of $8^{\text {th }}$ grade students;
- $34.1 \%$ of $10^{\text {th }}$ grade students; and
- $33.8 \%$ of $12^{\text {th }}$ grade students reported one or more adults were present the last time they consumed alcohol.



## Sources of Obtaining Cigarettes

Table 21 and Figure 29 explain data related to the reported sources of obtaining cigarettes by those Nebraska students who reported use.

When examining sources and places of cigarettes, it is important to note that the categories are not mutually exclusive, and students were allowed to select more than one option. For example, students who report getting cigarettes from someone 18 or older might also report getting them from a relative. Accordingly, total percentages will not sum to $100 \%$ within grade, as selection of multiple options is evident. Further, it must be noted that the percentages reported in Table 21 reflect the percent of students who reported "yes" to the individual questions, and that the percentages only account for cigarette-using students and not those students who answered "did not use" to the individual questions.

Across all grades, the most prominent source of cigarettes among Nebraska students is from someone age 18 or older. This source becomes increasingly more frequent as students progress from the 6th grade ( $33.8 \%$ obtained cigarettes from someone 18 or older) to the 12 th grade ( $65.4 \%$ obtained cigarettes from someone 18 or older). Rates of obtaining cigarettes from someone under the age of 18 were higher than rates of obtaining cigarettes from parents (with or without permission), from a brother or sister, or from a relative. Of students who smoked in the past year, $40.2 \%$ of 6 th graders, $45.7 \%$ of 8 th graders, $52.1 \%$ of 10 th graders, and $31.6 \%$ of 12 th graders reported obtaining cigarettes from someone under the age of 18 . The sudden

## Table 21

drop in 12 th graders reporting getting the cigarettes from someone under age 18, and increase in the percent of students buying cigarettes without a fake ID $(28.2 \%)$ ( 6 th, 8 th, and 10th grade rates were $3.4 \%$ to $6.2 \%$ ) likely reflects the ability of 18-year-old 12 th graders to legally purchase cigarettes on their own.

As with obtaining alcohol, the rate of youth obtaining cigarettes with a fake ID is not high, with only $0.3 \%$ of 6 th and 8 th graders, $0.4 \%$ of 10 th graders, and $1.1 \%$ of 12 th graders indicating that they obtained cigarettes through use of a fake ID.

In comparing 2003 results to 2005 results, Table 21 shows a significant increase in the percent of cigarette users obtaining cigarettes from relatives (increases of $1.3 \%$ to $9.4 \%$ in each grade since 2003), and significant decreases in the percent of users obtaining cigarettes from vending machines (decreases of $9.8 \%$ to $21.6 \%$ in each grade since 2003).

## Percentage of Students Indicating Their Usual Source of Obtaining Cigarettes

|  | 6 th Grade |  | 8th Grade |  | 10th Grade |  | 12th Grade |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| Bought them with a fake ID | 1.7 | 2.0 | 2.0 | 1.6 | 1.9 | 1.9 | 2.1 | 1.5 |
| Bought them without a fake ID | 4.5 | 4.1 | 5.4 | 3.4 | 8.6 | 6.2 | 32.2 | 28.2 |
| I got them from someone over 18 | 32.4 | 33.8 | 43.9 | 48.7 | 65.1 | 63.8 | 61.7 | 65.4 |
| I got them from someone under 18 | 33.8 | 40.2 | 45.3 | 45.7 | 48.1 | 52.1 | 27.6 | 31.6 |
| I got them from a brother or sister | 13.1 | 15.5 | 15.1 | 17.8 | 13.8 | 17.8 | 11.4 | 11.9 |
| I got them from home with a parent's permission | 12.6 | 8.4 | 9.8 | 6.9 | 11.6 | 8.1 | 8.3 | 7.7 |
| I got them from home without a parent's permission | 32.7 | 31.1 | 29.5 | 36.0 | 19.5 | 23.3 | 10.5 | 11.6 |
| I got them from another relative | 12.9 | 22.3 | 13.3 | 20.1 | 14.8 | 17.6 | 9.1 | 10.4 |
| A stranger bought them for me | 4.7 | 3.7 | 6.3 | 5.5 | 7.9 | 8.6 | 4.7 | 6.6 |
| I took them from a store | 6.4 | 6.1 | 3.7 | 5.3 | 4.5 | 3.6 | 3.1 | 3.1 |
| Got it From a Vending Machine | 24.6 | 3.0 | 22.3 | 2.9 | 14.1 | 2.8 | 12.2 | 2.4 |

Figure 29


Table 22 and Figure 30 contain data on the reported places of last cigarette use by those Nebraska students who reported cigarette use. Figure 30 shows the last places they reported using cigarettes. When examining sources and places of cigarettes, it is important to note that the categories are not mutually exclusive, and students were allowed to select more than one option. For example, students who report using cigarettes at home might also have reported smoking in an open area (e.g. field or pasture). Accordingly, total percentages will not sum to $100 \%$ within grade, as selection of multiple options is evident. Further, it must be noted that the percentages reported in Table 22 reflect the percent of students who reported "yes" to the individual questions, and that the percentages only account for cigarette-using students and not those students who answered "did not use" to the individual questions.

More 6th, 8th, and 10th grade students indicated that they smoked at someone else's home ( $49.0 \%$ for the 6th grade, $54.9 \%$ for the 8 th grade, and $58.7 \%$ for the 10th grade) than any other category. Twelfth graders most often smoked in a car ( $68.6 \%$ for the 12th grade). Other areas where students indicated that they usually smoked were at home ( $39.1 \%$ in the 6 th grade, $42.9 \%$ in the 8 th grade, $41.5 \%$ in the 10th grade, $33.0 \%$ in the 12 th grade) and in an open area ( $27.5 \%$ in the 6th grade, $38.8 \%$ in the 8 th grade, $47.9 \%$ in the 10 th grade, and $46.3 \%$ in the 12 th grade).

The likelihood of smoking in sporting event or concert; a restaurant, bar, or club; in a hotel or motel; and in a car all increased with increased grade level. This could be due to a number of factors such as students are provided more places to smoke in general as they age and that public smoking becomes more accepted as students age (and becomes legal for 18 -year-old 12th grade students). This reasoning could explain why the popularity of smoking at home or in an empty building or construction site decreases with increased grade level. Students in younger grades with fewer places to go, fewer transportation options, and feeling the stigma of underage smoking might be more likely to keep their smoking out of the home and the public eye by smoking in nearby empty buildings or construction sites that they could get to without a vehicle.

Table 22 shows a significant increase in all grades for reported smoking at home, in someone else's home, and in an empty building or site in each grade since the 2003 survey.

Students report much lower rates of smoking in front of adults than they do for drinking in front of adults. As Figures 28 and 30 illustrates, more than twice as many 6th graders and 8th graders reported drinking in front of adults than reported smoking in front of adults. Tenth and 12th grade students also reported significantly lower rates of smoking in the presence of adults than they did for drinking in the presence of adults.

Table 22 Percentage of Students Indicating Where They Usually Smoked Cigarettes

| Percentage of Students Indicating Where They Usually Smoked Cigarettes |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 6th Grade |  | 8th Grade |  | 10th Grade |  | 12th Grade |  |
|  | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| Home | 36.0 | 39.1 | 39.6 | 42.9 | 37.4 | 41.5 | 31.6 | 33.0 |
| Someone Else' Home | 45.8 | 49.0 | 52.5 | 54.9 | 53.7 | 58.7 | 48.7 | 52.7 |
| Open Area | 29.1 | 27.5 | 39.2 | 38.8 | 45.7 | 47.9 | 43.1 | 46.3 |
| Sporting Event or Concert | 5.6 | 5.3 | 8.1 | 8.5 | 13.3 | 15.1 | 15.4 | 15.3 |
| Restaurant or Bar | 4.5 | 4.3 | 6.6 | 4.5 | 10.4 | 9.8 | 18.6 | 17.1 |
| Empty Building or Site | 9.8 | 13.2 | 11.2 | 13.8 | 11.1 | 12.3 | 8.6 | 9.9 |
| Hotel / Motel | 4.2 | 6.6 | 6.6 | 6.4 | 11.0 | 11.3 | 15.2 | 12.2 |
| In a Car | 20.4 | 19.9 | 32.1 | 32.1 | 58.9 | 57.0 | 70.0 | 68.6 |
| One or More Adults Present | 13.4 | 19.9 | 16.4 | 20.2 | 20.2 | 22.3 | 27.7 | 24.4 |

Figure 30


## Age of Antisocial Behavior Initiation

As seen in Figure 31 and Table 23, most of the students who reported engaging in anti-social behaviors reported beginning the behaviors just at or before they were twelve and one-half years old. Only in the case of first arrest did students begin engaging in the behavior after they turned 13 (at 13.6 years).

There were no significant increases or decreases in age of initiation of antisocial behavior since the 2003 survey.

Table 23

| Age of Antisocial Behavior Initiation |  |  |  |
| :--- | :---: | :---: | :---: |
| Behavior | Average Age First Performed <br> Behavior (Of Students Who <br> Indicated That They Had <br> Performed the Behavior) |  |  |
|  | 2003 | 2005 |  |
| Suspension | 12.5 | 12.5 |  |
| Arrest | 13.5 | 13.6 |  |
| Carried Handgun | 12.3 | 12.5 |  |
| Attacked Someone | 12.4 | 12.6 |  |
| Belonged to Gang | 12.2 | 12.4 |  |

Figure 31


## Dangerous and Antisocial Behavior by Grade and Gender

## Dangerous and Anti-Social Behaviors by Grade

Figure 32 and Table 24 show the data for dangerous and anti-social behavior by grade. Data represent frequencies for students who indicated they performed the behavior on at least one occasion in the past year.

All of the most common of the problematic behaviors are alcohol-related. Across all grades and behaviors, Nebraska students are most likely to report riding with a drinking driver ( $39.2 \%$ of students in all grades), followed by binge drinking ( $16.7 \%$ of students in all grades) and drinking and driving ( $15.3 \%$ of students in all grades). Other frequent behaviors across grades are being drunk or high at school ( $8.6 \%$ of students in all grades) and attacking someone with the intent to harm them ( $8.8 \%$ of students in all grades).

As seen in Table 24 and Figure 32, most dangerous and anti-social behaviors increase by grade. Specifically, frequency of binge drinking, drinking and driving, riding with a drinking driver, selling drugs, being arrested, being drunk or high at school, and taking a handgun to school increases with increasing grade.

Interestingly, some of the behaviors display a curvilinear pattern, first becoming worse with increasing grade, but then declining in prevalence by grade 12. Although the curvilinear trends are frequently seen, interpretation of the meaning of the trends is ambiguous. The observed patterns may be the result of differences in the populations composing grades rather than differences due to grade level. These differences may also be due to the fact that the responses reflect behaviors reported by youth who have remained in school and who were in attendance at school on the day of the survey. Youth that have dropped out of school are not included in the survey, and so information on their behaviors is not included.

Nevertheless, carrying a handgun, attacking someone, and stealing a vehicle increase in prevalence from grade 6 to grade 10 , but decline from 10 to 12. Being suspended from school also displays a curvilinear pattern, rising from grade 6 to 8 , but dropping in grades 10 and 12 .

The comparison of 2003 and 2005 data in Table 24 show significant increases in 6th, 8th, and total state binge drinking. However, there were significant decreases in 10th and 12th grade drinking and driving; 6th, 10th, and 12th grade riding with a drunk driver; 10th grade suspension; and 10th grade reports of being drunk or high at school.

## Dangerous and Anti-Social Behaviors by Gender

Figure 33 and Table 25 show the data for dangerous and anti-social behavior by gender. Data represent frequencies for males and females who indicated they performed the behavior on at least one occasion in the past year. As seen below, males are more likely to report all the behaviors than are females, with the exception of riding with a drunk driver.

Females are $4.8 \%$ more likely to report riding with a drinking driver. Male respondents, however, are only $1.8 \%$ more likely to drink and drive. This discrepancy suggests females could be riding with drinking drivers not represented in the sample (e.g. older drivers). For both genders, riding with a drinking driver is the most frequently reported anti-social and dangerous behavior.

While males are more likely to report anti-social behaviors than females, in some cases the differences in percentages are slight. Males are only $1.9 \%$ more likely to report binge drinking and $1.6 \%$ more likely to report being drunk or high at school. For most of the other categories, males are much more likely to report engaging in dangerous or anti-social behaviors. Males are more than twice as likely as females to be suspended, sell drugs, steal a vehicle, attack someone, or be arrested. Although taking a handgun to school is the least frequently reported of the dangerous and anti-social behaviors, males are nine times more likely to report taking a handgun to school than are females.

In comparison to the 2003 survey, 2005 results show a significant increase in binge drinking for both genders ( $1.2 \%$ increase for males and $1.0 \%$ increase for females), a significant decrease in female drunk driving ( $1.8 \%$ decrease), and a significant decrease in female reports of riding with someone who has been drinking and driving.

Table 24
Heavy Substance Use and Antisocial Behavior, by Grade

| Item | 6th Grade |  | 8th Grade |  | 10th Grade |  | 12th Grade |  | Total |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| How many times have you had 5 or more drinks in the past two weeks. | 2.1 | 3.3 | 6.6 | 7.7 | 20.8 | 20.6 | 32.9 | 32.8 | 15.3 | 16.7 |
| Past year, how often did you drink and drive? | 2.9 | 2.0 | 5.5 | 5.1 | 16.1 | 13.0 | 42.3 | 39.5 | 16.2 | 15.3 |
| Past year, how often did you ride with a drunk driver? | 26.6 | 25.3 | 32.8 | 33.4 | 44.3 | 43.1 | 54.5 | 52.3 | 39.5 | 39.2 |
| Suspended (12 months) | 4.4 | 5.0 | 7.5 | 7.6 | 8.4 | 7.3 | 6.2 | 6.2 | 6.7 | 6.6 |
| Carried Handgun (12 months) | 5.7 | 4.9 | 6.1 | 6.3 | 5.7 | 6.6 | 5.6 | 6.3 | 5.8 | 6.1 |
| Sold Drugs (12 months) | 0.5 | 0.3 | 1.9 | 1.5 | 5.3 | 4.3 | 7.6 | 6.7 | 3.8 | 3.4 |
| Stolen Vehicle (12 months) | 1.0 | 1.0 | 2.2 | 2.3 | 3.3 | 3.4 | 2.4 | 2.0 | 2.3 | 2.3 |
| Arrested (12 months) | 1.8 | 1.2 | 3.4 | 3.0 | 4.6 | 4.7 | 5.7 | 5.2 | 3.9 | 3.7 |
| Attack Someone (12 months) | 6.9 | 7.2 | 9.2 | 9.4 | 10.6 | 9.6 | 8.3 | 8.6 | 8.8 | 8.8 |
| Drunk or high at school (12 months) | 1.4 | 1.1 | 4.4 | 4.5 | 13.2 | 10.7 | 16.9 | 16.6 | 8.9 | 8.6 |
| Taken handgun to school (12 months) | 0.4 | 0.2 | 0.4 | 0.3 | 0.4 | 0.6 | 0.7 | 0.7 | 0.5 | 0.5 |

Table 25

| Heavy Substance Use and Antisocial Behavior, by Gender |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: |
|  | Male |  | Female |  |
|  | 2003 | 2005 | 2003 | 2005 |
| How many times have you had 5 or more drinks in the past two weeks. | 16.4 | 17.6 | 14.7 | 15.7 |
| Past year, how often did you drink and drive? | 16.8 | 16.2 | 16.2 | 14.4 |
| Past year, how often did you ride with a drunk driver? | 36.5 | 36.9 | 42.8 | 41.7 |
| Suspended (12 months) | 9.6 | 9.4 | 3.9 | 3.8 |
| Carried Handgun (12 months) | 9.7 | 10.7 | 2.0 | 1.4 |
| Sold Drugs (12 months) | 5.2 | 4.7 | 2.5 | 2.0 |
| Stolen Vehicle (l2 months) | 3 | 3.1 | 1.5 | 1.5 |
| Arrested (l2 months) | 5.2 | 4.9 | 2.8 | 2.3 |
| Attack Someone (12 months) | 11.7 | 11.7 | 6.1 | 5.9 |
| Drunk or high at school (12 months) | 9.8 | 9.4 | 8.2 | 7.8 |
| Taken handgun to school (12 months) | 0.7 | 0.9 | 0.2 | 0.1 |

Figure 32


Figure 33


## Attitudes and Perceptions of Violence and Handguns, by Grade

Table 26 and Figure 34 display responses by grade level regarding students' attitudes and perceptions regarding violence and handguns. Just as many violent and anti-social behaviors increase with increased grade level, several perceptions and attitudes also correspond with such increases. Student perception of the ease of obtaining a gun increases with increasing grade (from $11.0 \%$ in the 6 th grade to $27.3 \%$ by the 12th grade). The extent to which students feel safe in their neighborhood improves with increasing grade. In the 6 th grade, $3.3 \%$ of students report not feeling safe in their neighborhood, but this number declines to $1.4 \%$ by the 12th grade.

Other attitudes and perceptions display curvilinear trends. As before, although curvilinear trends are observed, interpretation of the meaning of the trends is ambiguous. From $6^{\text {th }}$ to $10^{\text {th }}$ grade, Nebraska students increasingly reported perceptions that it is:

- not wrong to take a handgun to school,
- not wrong to pick a fight, and
- not wrong to attack someone,
while the likelihood of reporting these perceptions declines in $12^{\text {th }}$ grade. Likewise, the percentage of students who reported they would push a kid back who pushed them and who indicated that the police wouldn't catch a kid carrying a gun also increases from the 6th grade to 10th grade, but declines in the 12th grade.

The number of students reporting they belonged to a gang at some point is highest in the 8th grade and 10th grade, but declines in the 12th grade. Because these data are cross-sectional and refer to lifetime membership (i.e., have they ever belonged), this does not imply that fewer students are joining gangs; it actually suggests that more students are joining gangs than in recent years, and they do so at a young age. To clarify, relative to 8 th grade, 12th graders have had four additional years in which to join a gang. However, a smaller percentage of $12^{\text {th }}$ graders than 8th graders reported having ever belonged to a

Table 26
gang. It is possible that, with time, the definition of a "gang" changes. That is, perhaps 6th and 8th graders hold a different interpretation of the term "gang," such that what they consider a gang is different from how older students interpret the term. Younger students may hold a more casual view of what defines a gang, and this, in turn, may lead to over-inflation of perceived gang membership by younger students. Also, it is important to keep in mind that the survey data reflects only the respondents in the school system. Highrisk youth who drop out of school in the later years are not accounted for in the data. This could also be a means of explaining lower lifetime reports of gang involvement in the 12th grade.

Since the 2003 NRPFSS, student reports of believing it was not at all wrong to take a handgun to school, pick a fight, or attack someone have not changed significantly. Also, student perceptions that police wouldn't catch them with a gun and that they didn't feel safe in their neighborhood didn't change significantly. However, reports of belonging to a gang increased significantly for each grade and for the combined total. Rates of reporting that they would push someone who pushed them first also significantly increased in each grade and for all grades combined. Perceived availability of handguns decreased $1.8 \%$ in the 6 th grade and $1.6 \%$ in the 8 th grade

Students Attitudes and Perceptions of Issues Surrounding Violence and Handguns, by Grade

|  | 6th Grade |  | 8th Grade |  | 10th Grade |  | 12th Grade |  | Total |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| Not wrong to take a handgun to school | 0.3 | 0.2 | 0.4 | 0.5 | 0.8 | 0.7 | 0.6 | 0.9 | 0.5 | 0.6 |
| Not wrong to pick a fight | 2.5 | 2.7 | 5.5 | 5.5 | 7.0 | 7.1 | 5.2 | 5.3 | 5.1 | 5.3 |
| Not wrong to attack someone | 1.1 | 0.9 | 1.6 | 1.9 | 3.2 | 2.4 | 2.4 | 2.2 | 2.1 | 1.9 |
| Ever belonged to a gang | 2.3 | 5.3 | 2.4 | 7.0 | 1.9 | 6.4 | 1.5 | 5.3 | 2.0 | 6.0 |
| If a person pushes, would you push back | 5.4 | 7.9 | 9.0 | 10.9 | 10.5 | 11.8 | 9.6 | 10.5 | 8.7 | 10.4 |
| Very easy or sort of easy to get a gun | 12.8 | 11.0 | 18.6 | 17.0 | 24.2 | 23.7 | 28.2 | 27.3 | 21.2 | 20.4 |
| Police wouldn't catch a kid carrying a gun (Students <br> responding "NO!" to the question) | 8.3 | 8.0 | 11.0 | 10.7 | 13.9 | 12.8 | 13.3 | 12.6 | 11.7 | 11.3 |
| Doesn't feel safe in neighborhood (Students respond- <br> ing "No!" to the question) | 3.5 | 3.3 | 2.5 | 2.0 | 1.9 | 2.0 | 1.1 | 1.4 | 2.2 | 2.1 |

Figure 34


## Attitudes and Perceptions of Violence, By Gender

Table 27 and Figure 35 display male and female responses regarding students' attitudes and perceptions regarding violence and handguns. In every case, males hold attitudes more favorable toward violence than do females. Although few students report feeling it is okay to take a handgun to school, 4.5 times as many males as females find it acceptable. Males are twice as likely to feel it is okay to pick a fight, and are two times more likely to feel it is okay to attack someone. Although belonging to a gang is rare, reported gang membership is $3.4 \%$ higher for males than females. Males also report less faith in law enforcement's ability to catch a person carrying a gun, and report feeling less safe in their neighborhoods. The most interesting gender difference is found in student reactions to being pushed by another student. Specifically, males are over five times more likely to push someone back who pushes them and they report feeling it is much easier to obtain a handgun than do females ( $26.4 \%$ versus $14.5 \%$ ).

Altogether, differences in violent and anti-social behaviors, as well as differences in attitudes about violence, suggest that males and older students are the most likely to perform violent and anti-social behaviors, and are more likely to approve of such behaviors.

In comparison to 2003 NRPFSS data, the 2005 survey results reported in Table 27 below show that rates of student attitudes and perceptions of issues surrounding violence and handguns were virtually unchanged for most topics for both genders. However, reported gang involvement has significantly increased for both genders. Also, male reports that they would push someone who pushed them first increased 3.1\% (from $14.4 \%$ in 2003 to $17.5 \%$ in 2005).

Table 27
Students Attitudes and Perceptions of Issues Surrounding Violence and Handguns, by Gender

|  | Male |  | Female |  |
| :--- | :---: | :---: | :---: | :---: |
|  | 2003 | 2005 | 2003 | 2005 |
| Not wrong to take a handgun to school | 0.9 | 0.9 | 0.2 | 0.2 |
| Not wrong to pick a fight | 7.2 | 7.1 | 3.1 | 3.4 |
| Not wrong to attack someone | 3.2 | 2.6 | 1.1 | 1.1 |
| Ever belonged to a gang | 2.6 | 7.7 | 1.4 | 4.3 |
| If a person pushes, would you push back | 14.4 | 17.5 | 3.1 | 3.2 |
| Very or sort of easy to get a gun | 27.2 | 26.4 | 15.3 | 14.5 |
| Police wouldn't catch a kid carrying a gun | 13.9 | 13.3 | 9.3 | 9.2 |
| Doesn't feel safe in neighborhood | 2.3 | 2.3 | 2.1 | 1.8 |

Figure 35


Youth gambling was identified as another area of concern by NePiP. The Nebraska Risk and Protective Factor Student Survey asked students to report the age when they first gambled, whether or not they gambled in the past year, whether or not they gambled in the past month, and the number of times they participated in various gambling activities in the past year and in the past month.

This section will present results for the percent of students answering "Yes" to the questions "In the past year, have you gambled for money or anything of value?" and "In the last 30 days, have you gambled for money or anything of value?" Further, this section also reports the percent of students indicating that they had participated in various individual gambling activities (see Table 30 for a complete list).

The percent of students responding "Yes" to the lifetime gambling question was $39.3 \%$, with $17.8 \%$ of students reporting having gambled within the past 30 -days. The percent of students reporting having participated in the past month in one or more of the individual gambling activities listed in the survey, however, (i.e. lottery, bingo, horse race betting, etc.), was $33 \%$.

This situation poses an interesting question of interpretation for the "Gambling Rates" and "30-Day Gambling Activity" portions of this section. One explanation might be that students forgot about gambling until they arrived at the list of questions involving individual gambling activities. Another explanation could be that the students had a narrow definition of gambling initially and perhaps might not have thought of playing bingo, gambling at a church event, betting on games of personal skill, etc. as gambling. These questions will be revisited and possibly revised in the 2007 administration to increase consistency in reporting.

## Gambling Age of Initiation

Table 28, Figure 36, and Figure 37 display the data for the age at which students reported having first gambled, by grade and gender. As seen in Figure 36, 42.8\% of Nebraska youth have not gambled at any point in their lives. By gender, $56.8 \%$ of females and $28.8 \%$ of males have never gambled at any point in their lives. Of the students who have gambled, the most common age to begin is 10
or younger for all students and for both genders. Each successive year shows a decline in the number of students beginning to gamble at that age. Overall, this indicates that most students who gamble begin quite young.

## Problematic Gambling

The survey also included measures designed to indicate percentages of students at risk for problem or pathological gambling. These measures, displayed in Table 29, Figure 38, and Figure 39, were: preoccupation with gambling, gambling losses exceeding expectations, and lying to family members about gambling behavior. Unlike substance abuse and anti-social behavior data, problem gambling indicators did not increase substantially with grade and age, but remained fairly level. Figure 38 shows that $6^{\text {th }}$ grade students are slightly less likely to report preoccupation with gambling ( $17.9 \%$ ), but illustrates only minor differences between 8th grade ( $19.2 \%$ ), 10th grade ( $20.8 \%$ ), and 12th grade ( $22.1 \%$ ) students. Figure 39 shows that males are more likely to report planning to gamble or thinking about gambling than are females ( $30.7 \%$ for males, $9.5 \%$ for females).

As seen in Figure 38, rates of students reporting spending more than they had planned to on gambling are similar among all grades, with the lowest rate found in the 8th grade $(5.1 \%)$ and the highest rate found in the 12 th grade $(8.5 \%)$. A larger effect, however, is seen in the gender difference (Figure 39). Males are more than three times as likely as females to report overspending on gambling. Because overspending increases only slightly with grade, this suggests that males drive the trend.

The final gambling item assessed whether gambling had led students to lie to their families. As seen in Figure 38 and 39, while few students reported gambling leading to lies to their families, the frequency of gambling leading to lying decreases slightly over the span of the 6th grade to the 12th grade $(4.6 \%$ in the 6 th grade, $3.1 \%$ in the 8 th grade, $3.3 \%$ in the 10 th grade, and $2.8 \%$ in the 12th grade). Again males are more likely to report lying to their families about gambling ( $4.6 \%$ for males, $2.1 \%$ for females).

## 30-Day Gambling Activity

Table 30 and Figure 40 display participation in individual gambling activities among youth who indicated that they had gambled at least once in the past 30 days.

The individual activities most often participated in by youth who had gambled in the past 30 -days were: betting on cards ( $42.7 \%$ ), betting money on sports $(34.8 \%)$, and betting on games of skill ( $31.4 \%$ ). The gambling activities with the lowest reported participation rates were gambling at a casino ( $1.3 \%$ ) and betting on horses (5.0\%).

Reported rates of betting on cards among past-month gamblers increased with increased grade level. While $24.1 \%$ of 6th grade gamblers indicating betting on cards, $37.7 \%$ of 8 th grade gamblers bet on cards, $50.1 \%$ of 10 th grade gamblers bet on cards, and $51.1 \%$ of 12 th grade gamblers bet on cards. In contrast, the percent of gamblers playing Bingo for money decreases with increased grade level $(28.4 \%$ of 6 th grade gamblers, $24.3 \%$ of 8 th grade gamblers, $18.4 \%$ of 10th grade gamblers, and $11.3 \%$ of 12th grade gamblers). As for other individual gambling activities amongst past month gamblers, rates of gambling at a casino and betting on horses peaked in the 6th grade; rates of playing the lottery and betting on sports peaked in the 8th grade; and rates of gambling on the internet, betting on dice, betting on games of skill, and gambling at a community event peaked in the 10th grade.

These findings indicate that gambling prevention efforts should be focused on younger youth, and that gambling businesses, such as casinos, horse betting businesses, and stores selling lottery tickets should be made more aware of the legal issues associated with underage gambling.

Table 30 and Figure 40 also display individual gambling activities among 30day male and female gamblers. Males who had gambled in the past 30-days were most likely to report betting on cards (49.1\%), betting on sports (38.4\%), and betting on games of skill ( $35.1 \%$ ). Females who had gambled in the past 30 -days were most likely to report playing bingo for money or prizes ( $29.2 \%$ ), betting on cards ( $28.0 \%$ ), and betting on sports ( $26.0 \%$ ).

## At-Risk Problem Behaviors

Finally, analysis of student responses illustrates that problem gambling among youth grades 6-12 is significantly correlated with all categories of substance abuse and anti-social behaviors measured in the NRPFS Survey. Tables 31 and 32 and Figures 42 and 43 demonstrate this correlation. Table 31 shows that only $21.2 \%$ of students reporting alcohol use in the past 30 days did not report any at-risk gambling behavior. This trend continues throughout the substance use and anti-social items, raising concern about the relationship between gambling, substance use and anti-social behaviors in Nebraska youth.

Table 28 Gambling Age of Initiation by Grade and Gender

|  | 6th Grade |  | 8th Grade |  | 10th Grade |  | 12th Grade |  | Total |  | Male |  | Female |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| Never Have | 64.1 | 56.8 | 48.1 | 45.0 | 45.2 | 37.4 | 42.9 | 34.5 | 49.8 | 42.8 | 35.9 | 28.8 | 63.5 | 56.8 |
| 10 or younger | 21.2 | 28.6 | 20.8 | 22.2 | 19.4 | 22.1 | 15.8 | 17.9 | 19.4 | 22.5 | 25.8 | 29.1 | 12.8 | 15.7 |
| 11 | 11.8 | 12.0 | 10.6 | 13.0 | 6.2 | 7.8 | 4.4 | 4.8 | 8.3 | 9.2 | 10.5 | 11.6 | 6.0 | 6.9 |
| 12 | 2.3 | 2.2 | 10.4 | 11.8 | 7.9 | 9.0 | 6.3 | 7.8 | 6.9 | 8.0 | 8.8 | 9.9 | 4.9 | 6.2 |
| 13 | 0.3 | 0.1 | 8.0 | 6.7 | 8.6 | 9.3 | 6.2 | 7.2 | 5.9 | 6.2 | 7.5 | 7.4 | 4.6 | 5.0 |
| 14 | 0.1 | 0.0 | 1.7 | 1.2 | 6.8 | 8.5 | 6.8 | 7.3 | 3.8 | 4.5 | 4.7 | 5.5 | 3.1 | 3.5 |
| 15 | 0.1 | 0.0 | 0.2 | 0.1 | 4.9 | 5.0 | 6.4 | 8.7 | 2.8 | 3.6 | 3.5 | 4.3 | 2.3 | 2.9 |
| 16 | 0.1 | 0.1 | 0.1 | 0.0 | 0.9 | 0.8 | 6.2 | 7.7 | 1.7 | 2.1 | 2.0 | 2.3 | 1.6 | 2.0 |
| 17 or older | 0.1 | 0.2 | 0.1 | 0.1 | 0.1 | 0.1 | 5.1 | 4.1 | 1.3 | 1.1 | 1.4 | 1.1 | 1.1 | 1.0 |

Table 29 Problematic Gambling by Grade and Gender

|  | 6th Grade |  | 8th Grade |  | 10th Grade |  | 12th Grade |  | Total |  | Male |  | Female |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| In the Past Year, Have You Gambled for Money? | 21.8 | 28.0 | 33.8 | 37.9 | 36.1 | 43.4 | 37.4 | 45.7 | 32.4 | 39.3 | 45.9 | 54.3 | 19.0 | 24.2 |
| In the Past 30 Days, Have You Gambled for Money? | 8.9 | 12.0 | 14.5 | 15.9 | 17.3 | 20.0 | 19.1 | 22.5 | 15.0 | 17.8 | 22.9 | 27.1 | 7.1 | 8.4 |
| In the Past Year, Have You Thought About or Planned to Gamble? | 14.2 | 17.9 | 18.1 | 19.2 | 17.0 | 20.8 | 18.8 | 22.1 | 17.1 | 20.1 | 25.3 | 30.7 | 8.6 | 9.5 |
| In the Past Year, Have You Ever Spent More than You Planned Gambling? | 4.9 | 6.7 | 5.4 | 5.1 | 5.7 | 6.2 | 6.2 | 8.5 | 5.5 | 6.3 | 8.7 | 10.3 | 2.4 | 2.8 |
| In the Past Year, Has Gambling Led to Lies in Your Family? | 3.1 | 4.6 | 2.8 | 3.1 | 2.3 | 3.3 | 1.4 | 2.8 | 2.4 | 3.4 | 3.2 | 4.6 | 1.5 | 2.1 |

Table 30

| Percentage of Gambling Students Reporting Participation in Various Gambling Activities in the Past 30 Days |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 6th <br> Grade | 8th <br> Grade | 10th <br> Grade | 12th <br> Grade | Total | Male | Female |
| Gambled at a Casino | 1.6 | 1.2 | 1.0 | 1.3 | 1.3 | 1.5 | 0.7 |
| Played the Lottery | 20.8 | 21.5 | 15.7 | 17.1 | 18.4 | 16.2 | 23.7 |
| Bet on Sports | 36.0 | 37.9 | 34.2 | 31.8 | 34.8 | 38.4 | 26.0 |
| Bet on Cards | 24.1 | 37.7 | 50.1 | 51.1 | 42.7 | 49.1 | 28.0 |
| Bet on Horses | 5.6 | 4.5 | 4.9 | 5.2 | 5.0 | 5.0 | 4.8 |
| Played Bingo for Money | 28.4 | 24.3 | 18.4 | 11.3 | 19.8 | 15.7 | 29.2 |
| Gambled on the Internet | 9.6 | 11.5 | 13.4 | 11.5 | 11.7 | 13.4 | 7.6 |
| Bet on Dice | 9.5 | 10.8 | 11.5 | 9.5 | 10.4 | 11.9 | 6.9 |
| Bet on Games of Skill | 27.8 | 31.1 | 34.1 | 31.1 | 31.4 | 35.1 | 22.6 |
| Gambled at a Community Event | 9.3 | 14.7 | 17.4 | 15.9 | 14.9 | 16.6 | 10.9 |

Table 31 Responses to At-Risk Gambling Behaviors: Substance Use

| Substance Use | No Items | One Item | Two Items | Three Items |
| :--- | :---: | :---: | :---: | :---: |
| 30-Day Alcohol Use | 21.2 | 35.1 | 45.9 | 52.2 |
| Binge Drinking | 12.1 | 21.8 | 33.7 | 45.8 |
| 30-Day Any Drug Use | 12.4 | 25.2 | 38.4 | 49.4 |
| Lifetime Any Drug Use | 27.2 | 45.8 | 60.1 | 69.6 |

Table 32 Responses to At-Risk Gambling Behaviors: Antisocial Behaviors

| Antisocial Behaviors | No Items | One Item | Two Items | Three Items |
| :--- | :---: | :---: | :---: | :---: |
| School Suspension | 5.0 | 10.5 | 15.0 | 22.6 |
| Reported Arrest | 2.5 | 6.0 | 10.7 | 19.9 |
| Attacking Someone With The <br> Intent to Harm | 5.7 | 15.8 | 26.2 | 38.7 |
| Reported Vehicle Theft | 1.3 | 3.8 | 7.6 | 21.3 |

Figure 36


Figure 37


Figure 38


Figure 39

Problematic Gambling Behavior by Gender (2005)


Figure 40


Figure 41


Figure 42


Figure 43


## Section 3: Risk and Protective Factors for Substance Use and Other Problem Behaviors

## The History and Importance of Risk and Protective Factors

The Nebraska Risk and Protective Factor Student Survey (NRPFSS) is based upon the Risk and Protective Factor Model of Substance Abuse Prevention. In medical research, risk factors have been found for heart disease and other heath problems. Through media campaigns to inform the general public about the risk factors for heart disease, most people are now aware that behaviors such as eating high fat diets, smoking, high cholesterol, being overweight, and lack of exercise, place them at risk for heart disease. Just as medical research discovered the risk factors for heart disease, social scientists have defined a set of risk factors that place young people at risk for the problem behaviors of substance abuse, delinquency, violence, teen pregnancy, and school dropout. They have also identified a set of protective factors that help to buffer the harmful effects of risk.

Dr. J. David Hawkins, Dr. Richard F. Catalano, and their colleagues at the University of Washington have reviewed more than 30 years of existing work on risk factors from various fields and have completed extensive work of their own to identify risk factors for youth problem behaviors. They identified risk factors in important areas of daily life: 1) the community, 2) the family, 3) the school, and 4) within individuals themselves and their peer interactions. Many of the problem behaviors faced by youth - delinquency, substance abuse, violence, school dropout, and teen pregnancy - share many common risk factors. Initiatives designed to reduce those common risk factors will have the benefit of reducing several problem behaviors.

Using the risk and protective factor model, Drs. Hawkins and Catalano and their colleagues developed an approach that communities can use to
reduce youth problem behavior. An overview of the risk factors and protective factors that have been shown to be related to youth problem behavior and their link to the NRPFSS will be provided.

The risk and protective factors have been organized into the four important areas of a young person's life - community, family, school, and peer/individual.

The remainder of this section of the report is organized according to the four domains. For each domain, the definition of each risk factor is presented

Just
as medical research discovered the risk factors for heart disease, social scientists have defined risk factors that place youth at risk for problem behaviors. and then risk and protective results for Nebraska are provided by grade. Risk and protective factor charts are also provided to illustrate Nebraska risk and protection in relation to other states. On the following page is more information about the risk and protective charts. This information provides instruction on how risk and protective factor scores were developed, and how to read the charts.

The Nebraska survey is adapted from a scientifically-validated survey and contains information on the risk and protective factors that are 1) locally actionable, 2) cannot be obtained through any other source, and 3) are more highly correlated with substance use. Because of these modifications, not all risk and protective factors from the original survey are included in the Nebraska version. The results contain a subset of the risk and protective factors that were specifically selected to meet data collection and planning needs of Nebraska communities. In the discussion of the results, however, all of the risk and protective factors from the risk and protective model of prevention are discussed to provide the reader with a complete overview of the model. Those planning prevention initiatives are encouraged to collect and analyze archival and social indicator data as well as these survey results, prior to developing a substance abuse prevention plan.

## How to Read the Risk and Protective Factor Charts in This Section

There are two components of the risk and protective factor charts that are key to understanding the information that the charts contain: 1) the cutpoints for the risk and protective factor scales, and 2 ) the dashed lines that indicate a more "national" value.

## Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Risk and Protective Factor Student Survey instrument was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. Since risk and protective factor model surveys have been given to thousands of youth in the Six-State and SevenState Consortium Projects, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received "D" and "F" grades, the less at-risk group received "A" and "B" grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and anti-social behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more atrisk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys. Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-point on a scale (at-risk) will provide a method for evaluating the progress of prevention initiatives over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting initiative was $60 \%$ and then decreased to $50 \%$ one year after the initiative was implemented, the initiative would be viewed as helping to reduce family conflict.

## Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The dashed line on each risk and protective factor chart represents the percentage of youth at risk or with protection for the seven state sample upon which the cut-points were developed. The seven states included in the norm group were Colorado, Illinois, Kansas, Maine, Oregon, Utah, and Washington. All the states have a mix of urban and rural students. Again, brief definitions of the risk and protective factors are provided in this section.

When looking at the community domain, it is important to consider more than how members of a community interact with the youth of the community. Youth benefit from living in an area where neighbors and community members show concern for them, offer them support, and give encouragement and praise. However, youth also benefit from living in a community that functions in a socially healthy manner. What is the community like? Are drugs and guns readily available? Is there an active presence of law enforcement officers in the community? Is the community lacking in economic resources? Do community members, businesses, or police turn a blind eye toward drug use and anti-social behaviors, or condone such behaviors? Is there a sense of community disorganization or do members of the community work together toward common goals?

All of these community issues, and more, play significant roles in shaping the behaviors of the youth that live within a particular community. By understanding how youth perceive their neighborhood, Nebraska communities can get a better sense of how they need to change in order to reduce the risk that youth will participate in problem behaviors.

The results contained in this report contain a subset of the risk and protective factors that were specifically selected to meet data collection and planning needs of Nebraska communities. However, in this discussion of the community domain, definitions of all of the risk factors from the community domain are provided in the following pages to provide the reader with a complete overview of the model. The table below shows the links between all community risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well-designed, published research studies have shown a link between the risk factor and the problem behavior. Scale scores for the NRPFSS-specific community domain risk factors are also provided in the following pages.

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| Table 33 | YOUTH AT RISK | PROBLEM BEHAVIORS |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  | U U - |
|  | Community |  |  |  |  |  |
|  | Availability of Drugs | $\checkmark$ |  |  |  | $\checkmark$ |
|  | Availability of Firearms |  | $\checkmark$ |  |  | $\checkmark$ |
|  | Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ |
|  | Media Portrayals of Violence |  |  |  |  | $\checkmark$ |
|  | Transitions and Mobility | $\checkmark$ | $\checkmark$ |  | $\checkmark$ |  |
|  | Low Neighborhood Attachment and Community Disorganization | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ |
|  | Extreme Economic and Social Deprivation | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |

## Availability of Drugs <br> (Linked to Substance Abuse and Violence)

The more available drugs are in a community, the higher the risk that young people will abuse drugs in that community. Perceived availability of drugs is also associated with risk. For example, in schools where youth just think drugs are more available, a higher rate of drug use occurs.

## Availability of Firearms <br> (Linked to Delinquency and Violence)

Firearm availability and firearm homicide have increased together since the late 1950s. If a gun is present in the home, it is much more likely to be used against a relative or friend than an intruder or stranger. Also, when a firearm is used in a crime or assault instead of another weapon or no weapon, the outcome is much more likely to be fatal. While a few studies report no association between firearm availability and violence, more studies show a positive relationship. Given the lethality of firearms, the increase in the likelihood of conflict escalating into homicide when guns are present, and the strong association between availability of guns and homicide rates, firearm availability is included as a risk factor.

## Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime (Linked to Substance Abuse, Delinquency, and Violence)

Community norms, the attitudes and policies a community holds about drug use and crime, are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other community members have of young people. When laws and community standards are favorable toward drug use or crime, or even if they are just unclear, youth are at higher risk.

## Media Portrayals of Violence (Violence)

The role of media violence on the behavior of viewers, especially young viewers, has been debated for more than three decades. Research over that time period has shown a clear correlation between media portrayal of violence and the development of aggressive and violent behavior. Exposure to violence in the media appears to have an impact on children in several ways: 1) children learn violent behavior from watching actors model that behavior, 2) they learn violent problem-solving strategies, and 3) media portrayals of violence appear to alter children's attitudes and sensitivity to violence. Please note that a scale has not been developed for this risk factor, and the NRPFSS does not gather results for this risk factor.

## Transitions and Mobility (Linked to Substance Abuse, Delinquency, and School Dropout)

Even normal school transitions predict increases in problem behaviors. When children move from elementary school to middle school or from middle school to high school, significant increases in the rates of drug use, school misbehavior, and delinquency result.

Communities with high rates of mobility appear to be linked to an increased risk of drug use and crime problems. The more often people in a community move, the greater the risk of both criminal behavior and drug-related problems in families. While some people find buffers against the negative effects of mobility by making connections in new communities, others are less likely to have the resources to deal with the effects of frequent moves and are more likely to have problems

## Low Neighborhood Attachment and Community Disorganization (Linked to Substance Abuse, Delinquency, and Violence)

Higher rates of drug problems, juvenile delinquency and violence occur in communities or neighborhoods where people have little attachment to the community, where the rates of vandalism are high, and where there is low surveillance of public places. These conditions are not limited to lowincome neighborhoods; they can also be found in wealthier neighborhoods. The less homogeneous a community (in terms of race, class, religion, and even the mix of industrial to residential neighborhoods), the less connected its residents may feel to the overall community, and the more difficult it is to establish clear community goals and identity. The challenge of creating neighborhood attachment and organization is greater in these neighborhoods.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their own lives. If the key players in the neighborhood - such as merchants, teachers, police, and human services personnel - live outside the neighborhood, residents' sense of commitment will be less. Lower rates of voter participation and parental involvement in schools also indicate lower attachment to the community.

## Extreme Economic Deprivation

(Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Children who live in deteriorating and crime-ridden neighborhoods characterized by extreme poverty are more likely to develop problems with delinquency, violence, teen pregnancy, and school dropout. Children who live in these areas, and have behavior and adjustment problems early in life, are also more likely to have problems with drugs later on. Please note that a scale has not been developed for this risk factor, and the NRPFSS does not gather results for this risk factor.

## Community Risk and Protective Factor Scales

## Risk Factors

Across grades and risk factors, the majority of Nebraska survey participants were not at-risk in the community domain risk factors that were assessed. Table 34 shows that the greatest risk factor score in this domain was for Community Disorganization among 10th graders ( $42.1 \%$ at risk), followed by Community Disorganization for 12th graders ( $41.0 \%$ at risk).

In looking at the results by grade, Table 34 shows that 10th graders are at highest risk for Community Disorganization (42.1\% at risk), 6th graders are at highest risk for Laws and Norms Favorable to Drug Use (34.4\% at risk), 12th graders are at highest risk for Perceived Availability of Drugs (40.0\% at risk), and 8th graders are at highest risk for Perceived Availability of Handguns ( $33.7 \%$ at risk). Although levels of risk in the community domain typically do not increase with increased grade level, the Perceived Availability of Drugs scale was an exception, with levels of risk gradually increasing from grade 6 (21.1\% at risk) through grade 12 ( $40.0 \%$ at risk).

Looking at Nebraska's community risk factor scales in relation to the sevenstate norm, Figure 44 illustrates that Nebraska's levels of risk are lower than other states for all grades and all factors assessed.

## Protective Factors

For the Nebraska survey, the Opportunities for Prosocial Involvement Scale was selected for assessment (see Table 34). Results show that protection among Nebraska students in all grades was well above the seven-state norm.

Protection scores for the Community Opportunities for Prosocial Involvement scale are fairly consistent for all grades (see Figure 45), with scores ranging from the low of $76.9 \%$ with protection for 6 th graders to a high of $83.8 \%$ with protection for 8th graders.

## Comparisons to 2003 NRPFSS Data

Two years of risk and protective factor data are reported here for Nebraska. Since the 2003 survey, rates of Perceived Availability of Drugs have significantly decreased in all grades with 6th grade rates decreasing 3.4\% (from 24.6\% at risk in 2003 to $21.1 \%$ at risk in 2005), 8th grade rates decreasing $2.9 \%$ (from $26.6 \%$ at risk in 2003 to $23.7 \%$ at risk in 2005), 10th grade rates decreasing $2.8 \%$ (from $38.5 \%$ at risk in 2003 to $35.7 \%$ at risk in 2005), and 12th grade rates decreasing $3.3 \%$ (from $43.4 \%$ at risk in 2003 to $40.0 \%$ at risk in 2005).

The community domain protective factor assessed by the NRPFSS, Community Opportunities for Prosocial Involvement, showed positive increases since 2003 in grades 8, 10, and 12. Since the 2003 survey, rates of Community Opportunities for Prosocial Involvement increased 4.0\% in the 8th grade (from $79.8 \%$ in 2003 to $83.8 \%$ in 2005), $7.1 \%$ in the 10th grade (from $74.1 \%$ in 2003 to $81.2 \%$ in 2005 ), and $7.2 \%$ in the 12th grade (from $74.4 \%$ in 2003 to $81.7 \%$ in 2005).

Appendix E contains risk and protective factor charts for the 6th, 8th, 10th, and 12 th grades. All of these profile charts contain all of the risk and protective factors with comparisons to the 2003 and 2005 state survey data.

Table 34

| Community Domain <br> Risk and Protective Factor Scores | Grade 6 |  | Grade 8 |  | Grade 10 |  | Grade 12 |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| RISK FACTORS | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| Community Disorganization | 33.5 | 31.8 | 31.2 | 29.1 | 41.8 | 42.1 | 39.5 | 41.0 |
| Laws \& Norms Favor Drug Use | 34.1 | 34.4 | 26.2 | 23.2 | 32.3 | 28.7 | 29.0 | 25.5 |
| Perceived Availability of Drugs | 24.6 | 21.1 | 26.6 | 23.7 | 38.5 | 35.7 | 43.3 | 40.0 |
| Perceived Availability of Handguns | 24.4 | 21.0 | 36.3 | 33.7 | 24.1 | 23.7 | 28.2 | 27.2 |
| PROTECTIVE FACTORS | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| Opportunities for Prosocial Involvement | 78.3 | 76.9 | 79.8 | 83.8 | 74.1 | 81.2 | 74.4 | 81.7 |

Figure 44


Figure 45


For the family domain, one must consider more than parents' personal interaction with their children. Youth benefit from being bonded with their family, and from belonging to a family in which their parents offer support, encouragement, and praise. Other important factors that can contribute to youth problem behaviors are whether or not the youth's parents or siblings have used substances, approve of the use of substances, or have participated in anti-social behaviors. If a youth's living situation is full of conflict (fights and arguments) and disorganization (lack of family communication or parents' not knowing the whereabouts or doings of their children), the youth is also at risk for problem behaviors.

The results contained in this report include a subset of the risk and protective factors that were specifically selected to meet data collection and planning needs of Nebraska communities. However, in this discussion of the family domain, definitions of all of the risk factors from the family domain are provided in the following pages to provide the reader with a complete overview of the model. The table below shows the links between all family risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well-designed, published research studies have shown a link between the risk factor and the problem behavior. Scale scores for the NRPFSS-specific family domain risk factors are also provided in the following pages.

## Family History of the Problem Behavior <br> (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

If children are raised in a family with a history of addiction to alcohol or other drugs, the risk of their having alcohol and other drug problems themselves increases. If children are born or raised in a family with a history of criminal activity, their risk of juvenile delinquency increases. Similarly, children who are raised by a teenage mother are more likely to become teen parents, and children of dropouts are more likely to drop out of school themselves.

## Family Management Problems <br> (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Poor family management practices include lack of clear expectations for behavior, failure of parents to monitor their children (knowing where they are and who they are with), and excessively severe or inconsistent punishment.

Family Conflict<br>(Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Persistent, serious conflict between primary care givers or between care givers and children appears to enhance risk for children raised in these families. Conflict between family members appears to be more important than family structure. Whether the family is headed by two biological parents, a single parent, or some other primary care giver, children raised in families high in conflict appear to be at-risk for all of the problem behaviors.

## Favorable Parental Attitudes and Involvement in the Behavior (Linked to Substance Abuse, Delinquency, and Violence)

Parental attitudes and behavior toward drugs, crime, and violence influence the attitudes and behavior of their children. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person using marijuana. Similarly, children of parents who excuse their children for breaking the law are more likely to develop problems with juvenile delinquency. In families where parents display violent behavior toward those outside or inside the family, there is an increase in the risk that a child will become violent. Further, in families where parents involve children in their own drug or alcohol behavior, for example, asking the child to light the parent's cigarette or to get the parent a beer, there is an increased likelihood that their children will become drug abusers in adolescence.

## Family Risk and Protective Factor Scales

## Risk Factors

Table 36 shows that the highest levels of risk were for 12th grade Parental Attitudes Favoring Drug Use ( $46.2 \%$ at risk) and 10th grade Parental Attitudes Favoring Drug Use ( $44.0 \%$ at risk). Sixth and 8th graders were considerably less at risk relative to their older counterparts. Figure 46 displays a linear relationship between risk due to Parental Attitudes Favoring Drug Use and grade level; as grade increases, so does risk. The fact that risk becomes greater with increasing grade suggests that intervention to reduce parental attitudes favoring drug use should take place before students reach the grades in which risk escalates (i.e., before grade 10).

Risk due to Poor Family Management was greatest among 10th graders (36.2\% at risk), followed by 6th graders ( $34.8 \%$ at risk); however, as can be seen in Figure 46 , risk for this factor was generally quite similar across grades.

Relative to the seven-state norm, Figure 46 illustrates that Nebraska's levels of risk were lower than the seven-state norm in most cases. However, in the 12th grade, more students from Nebraska were at-risk due to Parental Attitudes Favoring Drug Use than were in the seven-state norm. Further, 10th grade rates in the Parental Attitudes Favoring Drug Use scale were even with the sevenstate norm.

## Protective Factors

For the Nebraska survey, the Family Attachment and Opportunities for Prosocial Involvement Scales were selected for assessment (see Table 36).

Nebraska students reported their greatest protection in the Family Attachment factor. Protection in this factor remained relatively stable across grades, with scale scores ranging from $67.4 \%$ with protection in the 10th grade ( $11.4 \%$ above the seven-state norm line) to $74.5 \%$ with protection in the 8th grade ( $18.5 \%$ above the seven-state norm line).

Protection due to Opportunities for Prosocial Involvement was also quite high in Nebraska. However, as can be seen in Figure 47, this protection shows a significant decline from grades 6 and 8 relative to grades 10 and 12. The fact that protection declines with increasing grade suggests that intervention to increase family opportunities for prosocial involvement should take place before students reach the grades in which protection declines (i.e., before grade 10).

## Comparisons to 2003 NRPFSS Data

As can be seen in Table 36, levels of risk in the family domain increased for all grades for Poor Family Management since the 2003 survey. Since the 2003 survey, Poor Family Management increased $4.1 \%$ to $7.8 \%$ for all grade levels.

While levels of Family Opportunities for Prosocial Involvement increased $1.2 \%$ to $2.3 \%$ in grades 6, 8 , and 10; scale scores for Family Attachment decreased $1.6 \%$ to $1.9 \%$ in grades 6,10 , and 12 since 2003 .

Appendix E contains risk and protective factor charts for the 6th, 8th, 10th, and 12 th grades. All of these profile charts contain all of the risk and protective factors with comparisons to the 2003 state survey data.


Figure 46


Figure 47


## School Risk and Protective Factors

In the school domain, the early years are important times for creating or decreasing the level of risk for children. Academic failure in elementary school puts children at risk for substance use, delinquency, teen pregnancy, school drop out, and violence later in life. Further, a child with early and persistent anti-social behavior is at risk for substance use and other problems later in life.

These two factors (academic failure and early engagement in anti-social behavior) indicate that prevention initiatives should begin early in a student's schooling. Initiatives that can effectively target the needs of the school population will help to decrease the level of risk, thereby decreasing problem behaviors later in school. The Nebraska data will be important for schools, in that it will help them target the problem behaviors and student populations which are at the greatest need for services.

As with the community and family domains, bonding at the school level also decreases risk and increases protection. When youth have healthy relationships with their teachers, when they feel as if they are able to play an active role in their classes and in their school, and when they receive encouragement and support, they are more bonded to their school and their commitment to school is less likely to falter.

The results contained in this report contain a subset of the risk and protective factors that were specifically selected to meet data collection and planning needs of Nebraska communities. However, in this discussion of the school domain, definitions of all of the risk factors from the school domain are provided in the following pages to provide the reader with a complete overview of the model. The table to the right shows the links between all school risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well-designed, published research studies have shown a link between the risk factor and the problem behavior. Scale scores for the NRPFSS-specific school domain risk factors are also provided in the following pages.

Table 37

| YOUTH AT RISK | PROBLEM BEHAVIORS |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |
| School |  |  |  |  |  |
| Academic Failure Beginning in Late Elementary School | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |
| Lack of Commitment to School | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |

## Academic Failure in Elementary School (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Beginning in the late elementary grades, academic failure increases the risk of drug abuse, delinquency, violence, teen pregnancy, and school dropout. Youth fail for many reasons. It appears that the experience of failure, not necessarily the student's ability, increases the risk of problem behaviors.

## Lack of Commitment to School (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Lack of commitment to school means the young person has ceased to see the role of student as a viable one. Young people who have lost this commitment to school are at higher risk for all five problem behaviors.

## Risk Factors

For the Nebraska survey, one risk factor scale was assessed within the School Domain - Low Commitment to School. The percentage of Nebraska students at-risk can be seen in Table 38. The percentage of students at risk is fairly consistent across grades, but peaks slightly in 10th grade ( $47.4 \%$ at risk in the 10 th grade).

As seen in Figure 48, Nebraska students' levels of risk were similar to the seven-state norm across all grades, though 6th, 8th, and 12th graders scale scores were slightly below the seven-state norm, and the 10th grade score was slightly higher. The amount of risk below the seven-state norm varied from $3.2 \%$ below for 12 th graders, $3.6 \%$ below for 6 th graders, and $4.5 \%$ below for 8th graders. The 12th grade score was $3.4 \%$ above the seven-state norm line. It should be noted that Low Commitment to School, while in the school domain, can be impacted by a number of conditions outside of the school domain. Family attitudes, economic deprivation, lack of future occupational opportunities, school consolidation, student mobility, and lack of resources to pursue post-secondary educational opportunities are just a few of these conditions.

## Protective Factors

For the Nebraska survey, the Opportunities for Prosocial Involvement Scale was selected for assessment (see Table 38). The number of protected students
in the Opportunities for Prosocial Involvement factor of this domain was higher than the seven state norm across all grades. Protection in this factor was exceptional relative to the seven-state norm, and ranged from $9.6 \%$ above the seven-state norm (6th grade) to $24.4 \%$ above the seven-state norm (8th grade). In general, results suggest a high degree of protection for this factor of the School Domain.

## Comparisons to 2003 NRPFSS Data

Data presented in Table 38 depicts changes in risk and protective factor rates since the 2003 survey. Since the last survey administration in 2003, rates of Low Commitment to School decreased $4.1 \%$ in the 6th grade (from $44.5 \%$ at risk in 2003 to $40.4 \%$ at risk in 2005), $7.7 \%$ in the 8 th grade (from $47.2 \%$ in 2003 to $39.5 \%$ in 2005), $7.8 \%$ in the 10th grade (from $55.3 \%$ in 2003 to $47.4 \%$ in 2005), and $6.7 \%$ in the 12th grade (from $47.5 \%$ in 2003 to $40.8 \%$ in 2005).

While 10th and 12th grade scale scores for School Opportunities for Prosocial Involvement remained virtually unchanged since the 2003 survey, the 6th grade scale score decreased $6.4 \%$ since 2003 and the 8th grade scale score decreased $1.3 \%$ since 2003.

Appendix E contains risk and protective factor charts for the 6th, 8th, 10th, and 12th grades. All of these profile charts contain all of the risk and protective factors with comparisons to the 2003 state survey data.

Table 38

| School Domain <br> Risk and Protective Factor Scores | Grade 6 |  | Grade 8 |  | Grade 10 |  | Grade 12 |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| RISK FACTORS | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| Low Commitment to School | 44.5 | 40.4 | 47.2 | 39.5 | 55.3 | 47.4 | 47.5 | 40.8 |
| PROTECTIVE FACTORS | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| Opportunities for Prosocial Involvement | 71.9 | 65.6 | 81.7 | 80.4 | 75.8 | 75.9 | 75.6 | 74.7 |



Figure 49


The final domain of a student's life - peer/individual - consists of much more than mere peer pressure. While youth are at risk for problem behaviors when they have friends who are engaging in unfavorable behaviors; or their friends have favorable attitudes toward the behaviors (i.e. it is seen as "cool"); the peer/individual domain also consists of several factors which spring from the individual. For example, youth who are depressed, rebellious, or who feel alienation are more likely to use drugs and show anti-social behavior. Other constitutional factors also play a part in whether or not a student is at risk for ATOD use or anti-social behaviors.

The results contained in this report include a subset of the risk and protective factors that were specifically selected to meet data collection and planning needs of Nebraska communities. However, in this discussion of the peer/ individual domain, definitions of all of the risk factors from the peer/individual domain are provided in the following pages to provide the reader with a complete overview of the model. The table below shows the links between all peer/ individual risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well-designed, published research studies have shown a link between the risk factor and the problem behavior. Scale scores for the NRPFSS-specific peer/individual domain risk factors are also provided in the following pages.

Table 39

| YOUTH AT RISK | PROBLEM BEHAVIORS |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | $\stackrel{\text { U }}{\stackrel{\text { U }}{\square}}$ |
| Peer/Individual |  |  |  |  |  |
| Early and Persistent Antisocial Behavior | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |
| Rebelliousness | $\checkmark$ | $\checkmark$ |  | $\checkmark$ |  |
| Friends Who Engage in a Problem Behavior | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |
| Gang Involvement | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ |
| Favorable Attitudes Toward the Problem Behavior | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |  |
| Early Initiation of the Problem Behavior | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |
| Intention to Use ATODs | $\checkmark$ |  |  |  |  |
| Constitutional Factors | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ |

## Early and Persistent Antisocial Behavior

(Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Boys who are aggressive in grades K-3 are at higher risk for substance abuse and delinquency later in life. When a boy's aggressive behavior in the early grades is combined with isolation or withdrawal, there is an even greater risk of problems in adolescence. This increased risk also applies to aggressive behavior combined with hyperactivity or attention deficit disorder.

This risk factor also includes persistent anti-social behavior in early adolescence, like misbehaving in school, skipping school, and getting into fights with other children. Young people, both girls and boys, who engage in these behaviors during early adolescence are at increased risk for drug abuse, delinquency, teen pregnancy, school dropout, and violence.

## Alienation, Rebelliousness, and Lack of Bonding to Society (Linked to Substance Abuse, Delinquency, and School Dropout)

Young people who feel they are not part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk of drug abuse, delinquency, and school dropout.

## Friends Who Engage in the Problem Behavior (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School Dropout, and Violence)

Youth who associate with peers who engage in problem behaviors are much more likely to engage in the same problem behaviors. This is one of the most consistent predictors of youth problem behaviors that the research has identified. Even when young people come from well-managed families and do not experience other risk factors, just hanging out with those who engage in problem behaviors greatly increases their risks. However, young people who experience a low number of risk factors are less likely to associate with those who are involved in problem behaviors.

## Gang Involvement <br> (Linked to Substance Abuse, Delinquency, School Dropout, and Violence)

Youth who belong to gangs are more at risk for anti-social behavior and drug use. Gang membership has been linked to violence, shootings, destruction of public property, and involvement in other illegal behaviors including distribution of drugs.

## Favorable Attitudes Toward the Problem Behavior (Linked to Substance Abuse, Delinquency, Teen Pregnancy, and School Dropout)

During the elementary school years, children usually express anti-drug, anticrime, pro-social attitudes. They have difficulty imagining why people use drugs, commit crimes, and drop out of school. In middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This places them at higher risk.

## Early Initiation of the Problem Behavior

## (Linked to Substance Abuse, Delinquency, Teen Pregnancy, School <br> Dropout, and Violence)

The earlier young people begin using drugs, committing crimes, engaging in violent activity, becoming sexually active, and dropping out of school, the greater the likelihood that they will have problems with these behaviors later on. For example, research shows that young people who initiate drug use before age fifteen are at twice the risk of having drug problems as those who wait until after age nineteen.

## Depressive Symptoms <br> (Linked to Substance Abuse and Delinquency)

Young people who are depressed are overrepresented in the criminal justice system and are more likely to use drugs. Survey research and other studies have shown a link between depression and other youth problem behaviors. Because they are depressed, these individuals have difficulty in identifying and engaging in pro-social activities. They consequently do not gain recognition for demonstrating positive behaviors or develop attachments to their schools or communities. On this Nebraska survey, youth who scored highest on the items measuring depressive symptoms also scored significantly higher on all of the drug use questions.

## Intention to Use ATODs

(Linked to Substance Abuse)
Many prevention initiatives focus on reducing the intention of participants to use ATODs later in life. Reduction of intention to use ATODs often follows successful prevention interventions. Intention to Use ATODs is a new scale added to the 2005 survey

## Constitutional Factors <br> (Linked to Substance Abuse, Delinquency, and Violence)

Constitutional factors are factors that may have a biological or physiological basis. These factors are often seen in young people with behaviors such as sensation-seeking, low harm-avoidance, and lack of impulse control. These factors appear to increase the risk of young people abusing drugs, engaging in delinquent behavior, and/or committing violent acts.

Some young people who are exposed to multiple risk factors do not become substance abusers, juvenile delinquents, teen parents, or school dropouts. Balancing the risk factors are protective factors, those aspects of people's lives that counter risk factors or provide buffers against them. They protect by either reducing the impact of the risks or by changing the way a person
responds to the risks. A key strategy to counter risk factors is to enhance protective factors that promote positive behavior, health, well-being, and personal success. Research indicates that protective factors fall into three basic categories: Individual Characteristics, Bonding, and Healthy Beliefs and Clear Standards.

## Individual Characteristics

Research has identified four individual characteristics as protective factors. These attributes are considered to be inherent in the youth and are difficult, if not impossible, to change. They consist of:

A Resilient Temperament. Young people who have the ability to quickly adjust to or recover from misfortune or changes are at reduced risk.

A Positive Social Orientation. Young people who are good natured, enjoy social interactions, and elicit positive attention from others are at reduced risk.

Intelligence. Children with higher intelligence levels are less likely to become delinquent or drop out of school. However, intelligence does not protect against substance abuse.

## Bonding

Research indicates that one of the most effective ways to reduce children's risk is to strengthen their bond with positive, pro-social family members, teachers, or other significant adults, and/or pro-social friends. Children who are attached to positive families, friends, schools, and their community, and who are committed to achieving the goals valued by these groups, are less likely to develop problems in adolescence. Children who are bonded to others who hold healthy beliefs are less likely to do things that threaten that bond, such as use drugs, commit crimes, or drop out of school. For example, if children are attached to their parents and want to please them, they will
be less likely to risk breaking this connection by doing things of which their parents strongly disapprove. Studies of successful children who live in high risk neighborhoods or situations indicate that strong bonds with a care giver can keep children from getting into trouble. Positive bonding makes up for many disadvantages caused by risk factors or environmental characteristics.

## Healthy Beliefs and Clear Standards

Bonding is only part of the protective equation. Research indicates that another group of protective factors falls into the category of healthy beliefs and clear standards. The people with whom children are bonded need to have clear, positive standards for behavior. The content of these standards is what protects young people. For example, being opposed to youth alcohol and drug use is a standard that has been shown to protect young people from the damaging effects of substance abuse risk factors. Children whose parents have high expectations for their school success and achievement are less likely to drop out of school. Clear standards against criminal activity and early, unprotected sexual activity have a similar protective effect.

The negative effects of risk factors can be reduced when schools, families, and/or peer groups teach young people healthy beliefs and set clear standards for their behavior. Examples of healthy beliefs include believing it is best for children to be drug and crime free and to do well in school. Examples of clear standards include establishing clear no drug and alcohol family rules, establishing the expectation that a youngster does well in school, and having consistent family rules against problem behaviors.

## Risk Factors

In contrast to some of the other domains and factors discussed previously, for risk factors in the Peer/Individual Domain, the number of Nebraska students at risk frequently increased with increasing grade level (see Table 40). For example, in the Perceived Risk of Drug Use risk factor, $29.1 \%$ of 6th graders, $32.9 \%$ of 8 th graders, $32.6 \%$ of 10th graders, and $40.7 \%$ of 12 th graders were at risk. A similar, linear trend was found for Early Initiation of Anti-Social Behavior. It is interesting to note that, where this linear trend did not occur, 6th graders tended to be the deviating group. Sixth graders were more at risk than 8th graders on 3 of the 6 factors. Even though the linear trend can be seen in Figure 50, one should not conclude that progression across grades causes an increase in risk. Because the data are cross-sectional (and not longitudinal), it can only be stated that there is a relationship between grade and increased risk, not change in grade and increased risk.

In comparison to the seven-state norm, the number of Nebraska students at risk is below the norm. All scales, across all grades, are $1.8 \%$ (10th grade Attitudes Favorable Toward Anti-social Behavior) to 34.5\% (6th grade Gang Involvement) below the seven-state norm.

## Protective Factors

For the Nebraska survey, the Social Skills and Belief in a Moral Order Scales were selected for assessment (see Table 40). For both factors assessed, Nebraska was above the seven-state norm for all scores except 12th grade Belief in the Moral Order (see Figure 51). Fewer Nebraska 12th grade students indicated protection due to the Belief in Moral Order scale than did students in the sevenstate sample. In the Nebraska sample, students with protection for the Belief in the Moral Order scale declined slightly over increasing grade level, with 74.5\% of 6th graders with protection, $73.0 \%$ of 8 th graders with protection, $70.2 \%$ of 10th graders with protection, and $52.2 \%$ of 12 th graders with protection.

The Social Skills scale scores were also higher than the seven-state norm for all grades. For the Social Skills scale, $77.8 \%$ of 6th graders indicated protection
( $21.8 \%$ above the seven-state norm), $74.3 \%$ of 8 th graders indicated protection ( $18.3 \%$ above the seven-state norm), $61.5 \%$ of 10 th graders indicated protection ( $5.5 \%$ above the seven-state norm), and $67.0 \%$ of 12 th graders indicated protection ( $11.0 \%$ above the seven-state norm).

Though not a perfect linear trend, there is a negative relationship between grade level and protection. It appears that, in general, levels of protection for the two protective factor scales measured by the NRPFSS decline with increases in grade level. Again, however, these data are cross-sectional and therefore they cannot be used to make a case for the argument that change in grade level leads to lower levels of protection.

## Comparisons to 2003 NRPFSS Data

In comparing 2005 data to 2003 data, levels of risk for Attitudes Favorable Toward Drug Use and Attitudes Favorable Toward Anti-social Behavior decreased significantly in all grades. For Attitudes Favorable Toward Drug Use, levels of risk decreased $3.3 \%$ in the 6th grade (from $21.8 \%$ in 2003 to $18.5 \%$ in 2005), $2.1 \%$ in the 8th grade (from $20.0 \%$ in 2003 to $17.8 \%$ in 2005), $4.2 \%$ in the 10 th grade (from $34.2 \%$ in 2003 to $30.0 \%$ in 2005), and $5.0 \%$ in the 12th grade (from $39.1 \%$ in 2003 to $34.1 \%$ in 2005). Likewise, levels of Attitudes Favorable Toward Anti-social Behavior decreased 2.4\% to 3.3\% since the 2003 survey.

For the Belief in the Moral Order protective factor scale, positive increases in protection were seen in the 2005 survey for all grades. For this scale, 6th grade protection increased $6.2 \%$, 8th grade protection increased $3.2 \%$, 10th grade protection increased $4.1 \%$, and 12th grade protection increased $4.7 \%$.

Appendix E contains risk and protective factor charts for the 6th, 8th, 10th, and 12th grades. All of these profile charts contain all of the risk and protective factors with comparisons to the 2003 state survey data.

Table 40

| Peer/Individual Domain <br> Risk and Protective Factor Scores | Grade 6 |  | Grade 8 |  | Grade 10 |  | Grade 12 |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| RISK FACTORS | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| Early Initiation of Antisocial Behavior | 15.3 | 16.3 | 22.7 | 23.6 | 25.9 | 26.9 | 27.0 | 28.4 |
| Early Initiation of Drug Use | 28.9 | 28.0 | 23.1 | 23.5 | 30.9 | 27.2 | 36.8 | 31.5 |
| Attitudes Favorable to Antisocial Behavior | 38.4 | 35.4 | 30.0 | 27.6 | 45.3 | 42.2 | 45.2 | 42.0 |
| Attitudes Favorable to Drug Use | 21.8 | 18.5 | 20.0 | 17.8 | 34.2 | 30.0 | 39.1 | 34.1 |
| Low Perceived Risk of Drug Use | 24.8 | 29.1 | 28.0 | 32.9 | 31.9 | 32.6 | 38.5 | 40.7 |
| Gang Involvement | 8.6 | 8.4 | 8.9 | 9.7 | 8.2 | 9.7 | 6.2 | 9.5 |
| PROTECTIVE FACTORS | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 | 2003 | 2005 |
| Social Skills | 80.3 | 77.8 | 75.6 | 74.3 | 60.7 | 61.5 | 66.6 | 67.0 |
| Belief in the Moral Order | 68.3 | 74.5 | 69.8 | 73.0 | 66.1 | 70.2 | 47.5 | 52.2 |

Figure 50


Figure 51


## List of Appendices

A. 2005 Nebraska Risk and Protective Factor Student Survey
B. Risk and Protective Factors and Their Associated Survey Scales
C. Nebraska Risk and Protective Factor Student Survey Results, Frequency and Percentage for Each Response Category
D. Item Dictionary for the 2005 NRPFSS
E. Sample Profile Report and Selected Charts for Males Compared to Females

## Appendix A: Nebraska Risk and Protective Factor Student Survey




April 2006



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34. It is all right to beat up people if they start the fight.
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33. I think it is okay to take something without asking if you can
get away with it.

32. I think sometimes it's okay to cheat at school.


April 2006

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|  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 合 |



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| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |






70. Have you ever smoked cigarettes?
$\bigcirc$ Never $\quad \bigcirc$ Regularly in the past
$\bigcirc$ Once or Twice $\quad \bigcirc$ Regularly now
Once in a while but not regularly

|  |  |  |  |  |
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| 75. I feel safe in my neighborhood, or the area around where I live. | NO! | no | yes |
| :---: | :---: | :---: | :---: |
|  | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 76. There are lots of adults in my neighborhood I could talk to about something important. | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 77. If a kid smoked marijuana in your neighborhood, or area around where you live, would he or she be caught by the police? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 78. If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, or area around where you live, would he or she be caught by the police? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 79. If a kid smoked cigarettes in your neighborhood, or area around where you live, would he or she be caught by the police? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 80. If a kid carried a handgun in your neighborhood, or area around where you live, would he or she be caught by the police? | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |
| 81. In my community there are many fun or interesting things to do that are safe and legal. | $\bigcirc$ | $\bigcirc$ | $\bigcirc$ |

$$
\begin{aligned}
& \begin{array}{l}
\text { a. sports teams } \\
\text { b. scouting } \\
\text { c. boys and girls } \\
\text { d. } 4-\mathrm{H} \text { clubs } \\
\text { e. service clubs } \\
\text { f. Other activities } \\
\text { organized by ad }
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87．How wrong do your parents
feel it would be for you to：


 u！emog К！！шe」

101．How honest were you in filling out this survey？
I was very honest
I was honest pretty much of the time
I was honest some of the time
I was honest once in a while
I was not honest at all łиедодш！Кıәл $\bigcirc$ Łueュıodmı $\bigcirc$ Not too important
Fairly important

## Appendix B: Risk and Protective Factors and Their Associated Scales

This section lists the risk and protective factors of the NRPFSS as well as the associated survey scales. Factors not assessed in the Nebraska survey are shaded in light grey. Factors without associated scales are also shaded in light grey, and "no scale" is noted next to the factor. Those evaluating prevention programs may want to investigate all scales that have been developed to measure areas of risk and protection.

| Community Domain Protective Factors | Protective Factor | Associated Scales |
| :---: | :---: | :---: |
|  | Community Opportunities for Prosocial Involvement | Community Opportunities for Prosocial Involvement |
|  | Community Rewards for Prosocial Involvement | Community Rewards for Prosocial Involvement |
| Community Domain Risk Factors | Risk Factor | Associated Scales |
|  | Low Neighborhood Attachment | Low Neighborhood Attachment Community Disorganization |
|  | Community Disorganization | Low Neighborhood Attachment Community Disorganization |
|  | Transitions \& Mobility | Transitions \& Mobility |
|  | Laws and Norms Favorable to Drug Use, Firearms, and Crime | Laws and Norms Favorable to Drug Use |
|  | Availability of Drugs and Firearms | Perceived Availability of Drugs Perceived Availability of Handguns |
|  | Media Portrayals of Violence | No Scale |
|  | Extreme Economic Deprivation | No Scale |
| Family Domain Protective Factors | Protective Factor | Associated Scales |
|  | Family Attachment (Nebraska used its own items) | Family Attachment (questions 86 and 87) |
|  | Family Opportunities for Positive Involvement | Family Opportunities for Positive Involvement |
|  | Family Rewards for Positive Involvement | Family Rewards for Positive Involvement |


| Family Domain Risk Factors | $\underline{\text { Risk Factor }}$ | Associated Scales |
| :---: | :---: | :---: |
|  | Family Management Problems | Poor Family Management |
|  | Family Conflict | Family Conflict |
|  | Family Involvement in the Problem Behavior | Family History of Antisocial Behavior |
|  | Favorable Parental Attitudes Towards The Problem Behavior | Parental Attitudes Favorable to Antisocial Behavior Parental Attitudes Favorable to Drug Use |
| School Domain Protective Factors | Protective Factor | Associated Scales |
|  | School Opportunities for Prosocial Involvement | School Opportunities for Prosocial Involvement |
|  | School Rewards for Prosocial Involvement | School Rewards for Prosocial Involvement |
| School Domain Risk Factors | Risk Factor | Associated Scales |
|  | Academic Failure Beginning in Late Elementary School | Academic Failure |
|  | Lack of Commitment to School | Low School Commitment |
| Individual-Peer Protective Factors | Protective Factor | Associated Scales |
|  | Religiosity | Religiosity |
|  | Social Skills | Social Skills |
|  | Belief in the Moral Order | Belief in the Moral Order |


| Risk Factor | Associated Scales |
| :--- | :--- |
| Rebelliousness | Rebelliousness |
| Friends Who Engage in the Problem <br> Behavior | Interaction with Antisocial Peers <br> Friends' Use of Drugs <br> Rewards for Antisocial Behavior |
| Gang Involvement <br> (Included in Altered Form) | Gang Involvement Scale <br> (Included in Altered Form) |
| Favorable Attitudes Towards the <br> Problem Behavior | Attitudes Favorable Towards Antisocial <br> Behavior <br> Attitudes Favorable Towards Drug Use <br> Perceived Risks of Drug Use <br> Intention to Use |
| Early Initiative of the Problem | Early Initiative of Drug Use <br> Behavior |
| Early Initiative of Antisocial Behavior |  |
| Constitutional Factors | Sensation Seeking <br> Depressive Symptoms |

## Appendix C: NRPFSS Results, Frequency and Percentage for Each Response Category




|  | uestion | Response | \# | \% |
| :---: | :---: | :---: | :---: | :---: |
| 22. In the past year, how many times (if any) have you: |  |  |  |  |
|  | Gambled at a casino | Never | 26126 | 98.2 |
|  |  | Gambled, but not in the past year | 224 | 0.8 |
|  |  | A few times in the past year | 144 | 0.5 |
|  |  | Once or twice a month | 29 | 0.1 |
|  |  | Once or twice a week | 19 | 0.1 |
|  |  | Almost every day | 51 | 0.2 |
| b. | Played the lottery or scratch-off tickets | Never | 19314 | 73.4 |
|  |  | Gambled, but not in the past year | 1977 | 7.5 |
|  |  | A few times in the past year | 3586 | 13.6 |
|  |  | Once or twice a month | 955 | 3.6 |
|  |  | Once or twice a week | 334 | 1.3 |
|  |  | Almost every day | 150 | 0.6 |
|  | Bet on team sports | Never | 17432 | 66.8 |
|  |  | Gambled, but not in the past year | 2062 | 7.9 |
|  |  | A few times in the past year | 3917 | 15.0 |
|  |  | Once or twice a month | 1456 | 5.6 |
|  |  | Once or twice a week | 890 | 3.4 |
|  |  | Almost every day | 355 | 1.4 |
|  | Played cards for money | Never | 16216 | 62.2 |
|  |  | Gambled, but not in the past year | 2107 | 8.1 |
|  |  | A few times in the past year | 4427 | 17.0 |
|  |  | Once or twice a month | 2086 | 8.0 |
|  |  | Once or twice a week | 866 | 3.3 |
|  |  | Almost every day | 361 | 1.4 |
| April 2006 |  |  |  |  |


| Question | Response | \# | \% |
| :---: | :---: | :---: | :---: |
| e. Bet money on horse races | Never | 24114 | 92.9 |
|  | Gambled, but not in the past year | 729 | 2.8 |
|  | A few times in the past year | 726 | 2.8 |
|  | Once or twice a month | 196 | 0.8 |
|  | Once or twice a week | 100 | 0.4 |
|  | Almost every day | 90 | 0.3 |
| f. Played bingo for money or | Never | 15504 | 59.6 |
| prizes | Gambled, but not in the past year | 3359 | 12.9 |
|  | A few times in the past year | 5620 | 21.6 |
|  | Once or twice a month | 1041 | 4.0 |
|  | Once or twice a week | 291 | 1.1 |
|  | Almost every day | 198 | 0.8 |
| g. Gambled on the internet | Never | 23777 | 91.8 |
|  | Gambled, but not in the past year | 514 | 2.0 |
|  | A few times in the past year | 702 | 2.7 |
|  | Once or twice a month | 408 | 1.6 |
|  | Once or twice a week | 272 | 1.1 |
|  | Almost every day | 225 | 0.9 |
| h. Bet on dice games (such as | Never | 23236 | 89.8 |
| craps) | Gambled, but not in the past year | 852 | 3.3 |
|  | A few times in the past year | 986 | 3.8 |
|  | Once or twice a month | 401 | 1.6 |
|  | Once or twice a week | 201 | 0.8 |
|  | Almost every day | 200 | 0.8 |

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| Question | Response | \# | \% | Question | Response | \# | \% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| i Bet on games of personal skill | Never | 18253 | 70.0 | b. smoked a cigarette, even just a | Never have | 17974 | 67.1 |
|  | Gambled, but not in the past | 2012 | 7.7 |  | 10 or younger | 2283 | 8.5 |
|  |  |  |  |  | 11 | 1085 | 4.1 |
|  | A few times in the past year | 3380 | 13.0 |  |  |  |  |
|  | Once or twice a month | 1372 | 5.3 |  | 12 | 1120 | 4.2 |
|  | Once or twice a week | 677 |  |  | 13 | 1173 | 4.4 |
|  | Once or twice a week | 677 | 2.6 |  | 14 | 1027 | 3.8 |
|  | Almost every day | 387 | 1.5 |  |  |  |  |
|  |  |  |  |  | 15 | 1082 | 4.0 |
| Gambled at a school, church, or community event |  |  |  |  | 16 | 650 | 2.4 |
|  | Never | 21232 | 81.0 |  |  |  |  |
|  | Gambled, but not in the past year | 1696 | 6.5 |  | 17 or Older | 393 | 1.5 |
|  | A few times in the past year | 2125 | 8.1 | c. had more than a sip or two ofbeer, wine, or hard liquor (for ex-ample vodka, whiskey, or gin?) | Never have | 12338 | 45.9 |
|  | Once or twice a month | 635 | 2.4 |  | 10 or younger | 3058 | 11.4 |
|  | Once or twice a week | 291 | 1.1 |  | 11 | 1553 | 5.8 |
|  | Almost every day | 235 | 0.9 |  | 12 | 1676 | 6.2 |
|  |  |  |  |  | 13 | 2146 | 8.0 |
| 23. How old were you when you first: |  |  |  |  | 14 | 2179 | 8.1 |
| a. smoked marijuana? | Never have | 22596 | 83.3 |  | 15 | 2148 | 8.0 |
|  | 10 or younger | 354 | 1.3 |  | 16 | 1220 | 4.5 |
|  | 11 | 311 | 1.1 |  | 17 or Older | 559 | 2.1 |
|  | 12 | 473 | 1.7 |  |  |  |  |
|  | 13 | 681 | 2.5 | d. began drinking alcoholic beverages regularly that is, at least once or twice a month? | Never have | 20704 | 77.4 |
|  | 14 | 838 | 3.1 |  | 10 or younger | 214 | 0.8 |
|  | 15 | 922 | 3.4 |  | 11 | 183 | 0.7 |
|  | 16 | 612 | 2.3 |  | 12 | 309 | 1.2 |
|  | 17 or Older | 332 | 1.2 |  | 13 | 581 | 2.2 |
|  |  |  |  |  | 14 | 990 | 3.7 |
|  |  |  |  |  | 15 | 1632 | 6.1 |
|  |  |  |  |  | 16 | 1351 | 5.1 |
|  |  |  |  |  | 17 or Older | 779 | 2.9 |

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| Question | Response | \# | \% | Question | Response | \# | \% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| e. used "meth" (also known as 'crank,' crystal,' or 'ice')? | Never have | 25997 | 97.8 | h. carried a handgun? | Never have | 23904 | 92.4 |
|  | 10 or younger | 76 | 0.3 |  | 10 or younger | 489 | 1.9 |
|  | 11 | 27 | 0.1 |  | 11 | 323 | 1.2 |
|  | 12 | 31 | 0.1 |  | 12 | 287 | 1.1 |
|  | 13 | 65 | 0.2 |  | 13 | 265 | 1.0 |
|  | 14 | 97 | 0.4 |  | 14 | 184 | 0.7 |
|  | 15 | 130 | 0.5 |  | 15 | 194 | 0.8 |
|  | 16 | 99 | 0.4 |  | 16 | 127 | 0.5 |
|  | 17 or Older | 67 | 0.3 |  | 17 or Older | 102 | 0.4 |
| f. got suspended from school? | Never have | 23010 | 87.2 | i. attacked someone with the idea of seriously hurting them? | Never have | 23243 | 88.3 |
|  | 10 or younger | 816 | 3.1 |  | 10 or younger | 786 | 3.0 |
|  | 11 | 414 | 1.6 |  | 11 | 401 | 1.5 |
|  | 12 | 502 | 1.9 |  | 12 | 413 | 1.6 |
|  | 13 | 615 | 2.3 |  | 13 | 440 | 1.7 |
|  | 14 | 424 | 1.6 |  | 14 | 341 | 1.3 |
|  | 15 | 313 | 1.2 |  | 15 | 324 | 1.2 |
|  | 16 | 188 | 0.7 |  | 16 | 235 | 0.9 |
|  | 17 or Older | 96 | 0.4 |  | 17 or Older | 139 | 0.5 |
| g. got arrested? | Never have | 24601 | 94.6 | j. belonged to a gang? | Never have | 25090 | 95.3 |
|  | 10 or younger | 165 | 0.6 |  | 10 or younger | 294 | 1.1 |
|  | 11 | 101 | 0.4 |  | 11 | 181 | 0.7 |
|  | 12 | 164 | 0.6 |  | 12 | 206 | 0.8 |
|  | 13 | 225 | 0.9 |  | 13 | 202 | 0.8 |
|  | 14 | 189 | 0.7 |  | 14 | 139 | 0.5 |
|  | 15 | 221 | 0.9 |  | 15 | 93 | 0.4 |
|  | 16 | 193 | 0.7 |  | 16 | 64 | 0.2 |
|  | 17 or Older | 137 | 0.5 |  | 17 or Older | 46 | 0.2 |
| April 2006 |  |  |  |  |  |  | age 102 |



| Question | Response | \# | \% |  | Question | Response | \# | \% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 27. How many times in the past year (the last $\mathbf{1 2}$ months) have you: |  |  |  |  |  | Never | 25757 | 97.7 |
| a. been suspended from school? | Never | 25098 | 93.4 |  |  | 1 or 2 Times | 427 | 1.6 |
|  | Never |  | 5.2 |  |  | 3 to 5 Times | 78 | 0.3 |
|  | 1 or 2 Times | 1389 |  |  |  | 6 to 9 Times | 28 | 0.1 |
|  | 3 to 5 Times | 234 | 0.9 |  |  |  |  |  |
|  | 6 to 9 Times | 77 | 0.3 |  |  | 10 to 19 Times | 11 | 0.0 |
|  |  | 30 |  |  |  | 20 to 29 Times | 11 | 0.0 |
|  | 10 to 19 Times |  | 0.1 |  |  | 30 to 39 Times | 3 | 0.0 |
|  | 20 to 29 Times | 16 | 0.1 |  |  |  |  | 0.2 |
|  | 30 to 39 Times | 1 | 0.0 |  |  | 40+ Times | 42 |  |
|  | 40+ Times | 38 | 0.1 |  |  |  |  |  |
|  |  |  |  |  | . been arrested? | Never | 25258 | 96.3 |
| b. carried a handgun? |  | 24952 |  |  |  | 1 or 2 Times | 731 | 2.8 |
|  | Never |  | 93.9 |  |  | 3 to 5 Times | 136 | 0.5 |
|  | 1 or 2 Times | 781 | 2.9 |  |  |  |  |  |
|  | 3 to 5 Times | 281 | 1.1 |  |  | 6 to 9 Times | 38 | 0.1 |
|  | 6 to 9 Times | 151 | 0.6 |  |  | 10 to 19 Times | 18 | 0.1 |
|  |  |  |  |  |  | 20 to 29 Times | 9 | 0.0 |
|  | 10 to 19 Times | 115 | 0.4 |  |  |  |  |  |
|  | 20 to 29 Times | 74 | 0.3 |  |  | 30 to 39 Times | 7 | 0.0 |
|  | 30 to 39 Times | 30 | 0.1 |  |  | 40+ Times | 21 | 0.1 |
|  | 40+ Times | 182 | 0.7 |  | f. attacked someone with the idea of seriously hurting them? | Never 1 or 2 Times |  |  |
|  |  |  |  |  |  |  | 23869 | 91.2 |
|  |  |  |  |  |  |  | 1498 | 5.7 |
| c. sold illegal drugs? | Never | 25470 | 96.6 |  |  | 3 to 5 Times | 386 | 1.5 |
|  | 1 or 2 Times | 299 | 1.1 |  |  |  |  |  |
|  | 3 to 5 Times | 163 | 0.6 |  |  | 6 to 9 Times | 170 | 0.7 |
|  | 6 to 9 Times | 102 |  |  |  | 10 to 19 Times | 92 | 0.4 |
|  |  |  | 0.4 |  |  | 20 to 29 Times | 36 | 0.1 |
|  | 10 to 19 Times | 92 | 0.4 |  |  |  |  |  |
|  | 20 to 29 Times | 5324 | 0.2 |  |  | 30 to 39 Times | 17 | 0.1 |
|  | 30 to 39 Times |  | 0.1 |  |  | 40+ Times | 102 | 0.4 |

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| Question | Response | \# | \% |
| :---: | :---: | :---: | :---: |
| g. been drunk or high at school | Never | 23933 | 91.4 |
|  | 1 or 2 Times | 1143 | 4.4 |
|  | 3 to 5 Times | 331 | 1.3 |
|  | 6 to 9 Times | 202 | 0.8 |
|  | 10 to 19 Times | 168 | 0.6 |
|  | 20 to 29 Times | 101 | 0.4 |
|  | 30 to 39 Times | 47 | 0.2 |
|  | 40+ Times | 252 | 1.0 |
| h. taken a handgun to school? | Never | 26059 | 99.5 |
|  | 1 or 2 Times | 52 | 0.2 |
|  | 3 to 5 Times | 20 | 0.1 |
|  | 6 to 9 Times | 12 | 0.0 |
|  | 10 to 19 Times | 7 | 0.0 |
|  | 20 to 29 Times | 4 | 0.0 |
|  | 30 to 39 Times | 1 | 0.0 |
|  | 40+ Times | 29 | 0.1 |
| 28. You are looking at CD's in the | Ignore her | 4898 | 18.0 |
| music store with a friend. You look up and see her slip a CD | Grab a CD and leave the store | 2103 | 7.7 |
| under her coat. She smiles and says, "Which one do you want? | Tell her to put the CD back | 12701 | 46.6 |
| Go ahead, take it while nobody's around." There is not one in sight, no employees or other customers. What would you do now? | Act like it's a joke, and ask her to put the CD back | 7559 | 27.7 |


| Question |  | Response | \# | \% |
| :---: | :---: | :---: | :---: | :---: |
| 29. | You are visiting another part of town, and you do not know any of the people your age there. You are walking down the street, and some teenager you do not know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do? | Push the person back | 2827 | 10.4 |
|  |  | Say "Excuse me" and keep on walking | 14797 | 54.6 |
|  |  | Say "Watch where you're going" and keep on walking | 6225 | 23.0 |
|  |  | Swear at the person and walk away | 3272 | 12.1 |
| 30. | You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do? | Drink it | 7624 | 28.2 |
|  |  | Tell your friend, "No thanks. I don't drink" and suggest that you and your friend go and do something else | 8288 | 30.6 |
|  |  | Just say, "No thanks" and walk away | 7955 | 29.4 |
|  |  | Make up a good excuse, tell your friend you had something else to do, and leave | 3186 | 11.8 |
| 31. | It is 8:00 on a weeknight and you are about to go over to a friend's house when your mother asks you where you are going. You say "Oh, just going to hang out with some friends. She says, "NO, you'll just get into trouble if you go out. Stay home tonight." What would you do now? | Leave the house anyway | 1805 | 6.7 |
|  |  | Explain what you are going to do with your friends, tell her when you will get home, and ask if you can go out | 18974 | 70.2 |
|  |  | Not say anything and start watching TV | 3774 | 14.0 |
|  |  | Get into an argument with her | 2458 | 9.1 |
|  | I think sometimes it is okay to cheat at school. | NO! | 10016 | 36.9 |
|  |  | no | 9283 | 34.2 |
|  |  | yes | 6579 | 24.3 |
|  |  | YES! | 1237 | 4.6 |


| Question |  | Response | \# | \% | Question |  | Response | \# | \% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | I think it is okay to take something without asking, if you can get away with it. | NO! | 14549 | 53.7 | d. | Use "meth" (also known as 'crank,' 'crystal,' or ice)? | None of them | 13347 | 51.0 |
|  |  | no | 9811 | 36.2 |  |  | Less than half of them | 10758 | 41.1 |
|  |  | yes | 2208 | 8.2 |  |  | About half of them | 1345 | 5.1 |
|  |  | YES! | 511 | 1.9 |  |  | More than half of the | 508 | 1.9 |
|  |  |  |  |  |  |  | All or almost all of them | 195 | 0.7 |
|  | It is all right to beat up people if they start the fight. | NO! | 9514 | 35.1 |  |  |  |  |  |
|  |  | no | 7149 | 26.4 | 36. How much do you think people risk harming themselves (physically or in other ways) if they: |  |  |  |  |
|  |  | yes | 6330 | 23.4 |  |  |  |  |  |  |
|  |  | YES! | 4096 | 15.1 |  | Smoke one or more packs of cigarettes per day? |  |  |  |
|  |  |  |  |  |  |  | No risk | 927 | 3.5 |
|  |  |  |  |  |  |  | Slight risk | 2158 | 8.2 |
| 35. How many people your age do you think... |  |  |  |  |  |  | Moderate risk | 6548 | 24.9 |
|  | Smoke cigarettes? | None of them | 4018 | 15.1 |  |  | Great risk | 16651 | 63.4 |
|  |  | Less than half of them | 10395 | 39.1 |  |  |  |  |  |
|  |  | About half of them | 7350 | 27.6 |  | Try marijuana once or twice? | No risk | 3700 | 14.4 |
|  |  | More than half of them | 4112 | 15.4 |  |  | Slight risk | 7169 | 27.8 |
|  |  | All or almost all of them | 743 | 2.8 |  |  | Moderate risk | 7027 | 27.3 |
|  |  |  |  |  |  |  | Great risk | 7889 | 30.6 |
| b. | Drink alcohol? | None of them | 3833 | 14.6 |  |  |  |  |  |
|  |  | Less than half of them | 6220 | 23.7 |  | Smoke marijuana regularly? | No risk | 1364 | 5.4 |
|  |  | About half of them | 5825 | 22.2 |  |  | Slight risk | 2080 | 8.3 |
|  |  | More than half of the | 7587 | 28.9 |  |  | Moderate risk | 4544 | 18.1 |
|  |  | All or almost all of them | 2777 | 10.6 |  |  | Great risk | 17069 | 68.1 |
| c. | smoke marijuana? | None of them | 7565 | 29.2 | d. | Take one or two drinks of an alcohol beverage (beer, wine, liquor) nearly every day? | No risk | 2518 | 9.8 |
|  |  | Less than half of them | 11124 | 42.9 |  |  | Slight risk | 6137 | 24.0 |
|  |  | About half of them | 4179 | 16.1 |  |  | Moderate risk | 8538 | 33.4 |
|  |  | More than half of the | 2364 | 9.1 |  |  | Great risk | 8392 | 32.8 |

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| Question |  | Response | \# | \% |  | estion | Response | \# | \% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 53. | On how many occasions (if any) have you used performance enhancing drugs other than steroid (such as ephedrine, EPO, creatine, DHEA, or diuretics) without a doctor telling you to take them , in your lifetime? | 0 Occasions | 24567 | 94.8 | 57. | On how many occasions (if any) have you used other illegal drugs in your lifetime? | 0 Occasions | 24340 | 94.4 |
|  |  | 1-2 Occasions | 320 | 1.2 |  |  | 1-2 Occasions | 594 | 2.3 |
|  |  | 3-5 Occasions | 225 | 0.9 |  |  | 3-5 Occasions | 237 | 0.9 |
|  |  | 6-9 Occasions | 154 | 0.6 |  |  | 6-9 Occasions | 164 | 0.6 |
|  |  | 10-19 Occasions | 170 | 0.7 |  |  | 10-19 Occasions | 114 | 0.4 |
|  |  | 20-39 Occasions | 134 | 0.5 |  |  | 20-39 Occasions | 76 | 0.3 |
|  |  | 40+ Occasions | 358 | 1.4 |  |  | 40+ Occasions | 251 | 1.0 |
| 54. | On how many occasions (if any) have you used performance enhancing drugs other than steroid (such as ephedrine, EPO, creatine, DHEA, or diuretics) without a doctor telling you to take them, in the past 30 days? | 0 Occasions | 25257 | 97.3 | 58. | On how many occasions (if any) have you used other illegal drugs during the past 30 days? | 0 Occasions | 25066 | 97.8 |
|  |  | 1-2 Occasions | 232 | 0.9 |  |  | 1-2 Occasions | 268 | 1.0 |
|  |  | 3-5 Occasions | 123 | 0.5 |  |  | 3-5 Occasions | 92 | 0.4 |
|  |  | 6-9 Occasions | 85 | 0.3 |  |  | 6-9 Occasions | 47 | 0.2 |
|  |  | 10-19 Occasions | 112 | 0.4 |  |  | 10-19 Occasions | 47 | 0.2 |
|  |  | 20-39 Occasions | 84 | 0.3 |  |  | 20-39 Occasions | 35 | 0.1 |
|  |  | 40+ Occasions | 57 | 0.2 |  |  | 40+ Occasions | 70 | 0.3 |
| 55. | On how many occasions (if any) have you used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycontin, or sleeping pills) without a doctor telling you to take them, in your lifetime? | 0 Occasions | 23290 | 89.5 | 59. | During the past year, how many times (if any) have you driven a car, truck or motorcycle after drinking alcohol? | 0 Occasions | 21938 | 84.7 |
|  |  | 1-2 Occasions | 1119 | 4.3 |  |  | 1-2 Occasions | 1890 | 7.3 |
|  |  | 3-5 Occasions | 535 | 2.1 |  |  | 3-5 Occasions | 806 | 3.1 |
|  |  | 6-9 Occasions | 329 | 1.3 |  |  | 6-9 Occasions | 451 | 1.7 |
|  |  | 10-19 Occasions | 281 | 1.1 |  |  | 10-19 Occasions | 355 | 1.4 |
|  |  | 20-39 Occasions | 151 | 0.6 |  |  | 20-39 Occasions | 201 | 0.8 |
|  |  | 40+ Occasions | 312 | 1.2 |  |  | 40+ Occasions | 249 | 1.0 |
| 56. | On how many occasions (if any) have you used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycontin, or sleeping pills) without a doctor telling you to take them, in the past 30 days? | 0 Occasions | 24656 | 95.1 | 60. | During the past year, how many times (if any) have you been a passenger in a car or truck, or on a motorcycle, driven by someone after they have been drinking alcohol? | 0 Occasions | 15874 | 60.8 |
|  |  | 1-2 Occasions | 692 | 2.7 |  |  | 1-2 Occasions | 4627 | 17.7 |
|  |  | 3-5 Occasions | 252 | 1.0 |  |  | 3-5 Occasions | 2134 | 8.2 |
|  |  | 6-9 Occasions | 132 | 0.5 |  |  | 6-9 Occasions | 1263 | 4.8 |
|  |  | 10-19 Occasions | 71 | 0.3 |  |  | 10-19 Occasions | 962 | 3.7 |
|  |  | 20-39 Occasions | 63 | 0.2 |  |  | 20-39 Occasions | 507 | 1.9 |
|  |  | 40+ Occasions | 51 | 0.2 |  |  | 40+ Occasions | 754 | 2.9 |
| il 2 | 06 |  |  |  |  |  |  | Page |  |





|  | And at the time you last smoked a cigarette in the past year, where were you when you smoked it? (Check YES or NO for each. If you did not smoke a cigarette in the past year, check DID NOT USE for each one). On the last day I smoked a cigarette, I was.... |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | at my home | Yes | 2100 | 8.4 |
|  |  | No | 4393 | 17.7 |
|  |  | Did not use | 18365 | 73.9 |
|  | at someone else's home | Yes | 3035 | 12.6 |
|  |  | No | 3334 | 13.8 |
|  |  | Did not use | 17805 | 73.7 |
|  | at an open area like a park, | Yes | 2459 | 10.2 |
|  | beach, back road, or a street corner | No | 3812 | 15.9 |
|  |  | Did not use | 17768 | 73.9 |
|  | at a sporting event or concert | Yes | 745 | 3.1 |
|  |  | No | 5388 | 22.5 |
|  |  | Did not use | 17771 | 74.3 |
|  | at a restaurant, bar or nightclub | Yes | 645 | 2.7 |
|  |  | No | 5433 | 22.9 |
|  |  | Did not use | 17621 | 74.4 |
|  | at an empty building or a con- | Yes | 640 | 2.7 |
|  | struction site | No | 5425 | 23.0 |
|  |  | Did not use | 17538 | 74.3 |
| g. | at a hotel/motel | Yes | 584 | 2.5 |
|  |  | No | 5400 | 23.1 |
|  |  | Did not use | 17374 | 74.4 |

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|  | uestion | Response | \# | \% |  | estion | Response | \# | \% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| h. in a car |  | Yes | 3071 | 13.1 | b. to drink alcohol? |  | Very Wrong | 13819 | 54.1 |
|  |  | No | 3084 | 13.1 |  |  | Wrong | 6716 | 26.3 |
|  |  | Did not use | 17340 | 73.8 |  |  | A Little Bit Wrong | 3974 | 15.6 |
|  |  | Not Wrong at All |  |  |  |  | 1013 | 4.0 |
|  | On the last day you smoked a cigarettes, were there one or more adults present? |  | Yes | 1376 | 6.1 |  |  |  |  |  |
|  |  | No | 4568 | 20.3 |  | to smoke cigarettes? | Very Wrong | 15150 | 59.9 |
|  |  | Never used | 16531 | 73.6 |  |  | Wrong | 6215 | 24.6 |
|  |  |  |  |  |  |  | A Little Bit Wrong | 2937 | 11.6 |
|  | Have you ever smoked cigarettes? | Never | 18124 | 69.8 |  |  | Not Wrong at All | 1002 | 4.0 |
|  |  | Once or twice | 3352 | 12.9 |  |  |  |  |  |
|  |  | Once in a while but not regularly | 2137 | 8.2 |  | to use "meth"? | Very Wrong | 23770 | 94.2 |
|  |  | Regularly in the past | 909 | 3.5 |  |  | Wrong | 962 | 3.8 |
|  |  | Regularly now | 1434 | 5.5 |  |  | A Little Bit Wrong | 200 | 0.8 |
|  |  |  |  |  |  |  | Not Wrong at All | 296 | 1.2 |
|  | How frequently have you smoked cigarettes during the past 30 days? | Not at all | 22455 | 86.9 |  |  |  |  |  |
|  |  | Less than 1 per day | 1575 | 6.1 | 73. How much does each of the following statements describe your neighborhood, or the area around where you live? |  |  |  |  |
|  |  | 1 to 5 per day | 1002 | 3.9 |  |  |  |  |  |  |
|  |  | 1/2 pack per day | 452 | 1.7 |  | crime and/or drug selling | NO! | 17329 | 68.1 |
|  |  | 1 pack per day | 240 | 0.9 |  |  | no | 5155 | 20.3 |
|  |  | $11 / 2$ packs per day | 69 | 0.3 |  |  | yes | 2231 | 8.8 |
|  |  | $2+$ packs per day | 53 | 0.2 |  |  | YES! | 738 | 2.9 |
| 72. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age: |  |  |  |  | b. fights |  | NO! | 14208 | 56.6 |
|  |  |  |  |  | no | 6441 | 25.7 |
|  | to use marijuana? | Very Wrong | 21848 | 84.6 |  |  | yes | 3526 | 14.0 |
|  |  | Wrong | 2720 | 10.5 |  |  |  |  | YES! | 923 | 3.7 |
|  |  | A Little Bit Wrong | 798 | 3.1 |  |  |  |  |  |
|  |  | Not Wrong at All | 451 | 1.7 |  | lots of empty or abandoned buildings | NO! | 16621 | 66.7 |
|  |  |  |  |  |  |  | no | 6073 | 24.4 |
|  |  |  |  |  |  |  | yes | 1723 | 6.9 |
|  |  |  |  |  |  |  | YES! | 515 | 2.1 |
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| Question |  | Response | \# | \% |
| :---: | :---: | :---: | :---: | :---: |
| 82. | If you wanted to get some cigarettes, how easy would it be for you to get some? | Very hard | 8178 | 32.7 |
|  |  | Sort of hard | 3676 | 14.7 |
|  |  | Sort of easy | 4770 | 19.1 |
|  |  | Very easy | 8384 | 33.5 |
| 83. | If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) how easy would it be for you to get some? | Very hard | 7089 | 28.6 |
|  |  | Sort of hard | 3687 | 14.9 |
|  |  | Sort of easy | 6274 | 25.3 |
|  |  | Very easy | 7707 | 31.1 |
| 84. | If you wanted to get drugs like cocaine, LSD, or "meth," how easy would it be for you to get some? | Very hard | 16548 | 67.5 |
|  |  | Sort of hard | 4685 | 19.1 |
|  |  | Sort of easy | 2007 | 8.2 |
|  |  | Very easy | 1282 | 5.2 |
| 85. | If you wanted to get a handgun, how easy would it be for you to get one? | Very hard | 14453 | 59.5 |
|  |  | Sort of hard | 4893 | 20.1 |
|  |  | Sort of easy | 2532 | 10.4 |
|  |  | Very easy | 2429 | 10.0 |
| 86. | If you wanted to get some marijuana, how easy would it be for you to get some? | Very hard | 12398 | 51.3 |
|  |  | Sort of hard | 3392 | 14.0 |
|  |  | Sort of easy | 3549 | 14.7 |
|  |  | Very easy | 4807 | 19.9 |
| 87. How wrong do your parents feel it would be for you to: |  |  |  |  |
|  | drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)? | Very Wrong | 16437 | 65.1 |
|  |  | Wrong | 5077 | 20.1 |
|  |  | A Little Bit Wrong | 2992 | 11.9 |
| 1 |  | Not Wrong at All | 740 | 2.9 |


| Question | Response | \# | \% |
| :---: | :---: | :---: | :---: |
| b. smoke cigarettes? | Very Wrong | 19577 | 77.5 |
|  | Wrong | 3718 | 14.7 |
|  | A Little Bit Wrong | 1365 | 5.4 |
|  | Not Wrong at All | 604 | 2.4 |
| c. smoke marijuana? | Very Wrong | 22937 | 91.4 |
|  | Wrong | 1344 | 5.4 |
|  | A Little Bit Wrong | 499 | 2.0 |
|  | Not Wrong at All | 306 | 1.2 |
| d. use "meth"? | Very Wrong | 24545 | 98.0 |
|  | Wrong | 277 | 1.1 |
|  | A Little Bit Wrong | 51 | 0.2 |
|  | Not Wrong at All | 169 | 0.7 |
| 88. The rules in my family are clear. | NO! | 465 | 1.8 |
|  | no | 1633 | 6.5 |
|  | yes | 9464 | 37.4 |
|  | YES! | 13734 | 54.3 |
| 89. When I am not at home, one of my parents knows where I am and whom I am with. | NO! | 652 | 2.6 |
|  | no | 2318 | 9.2 |
|  | yes | 9566 | 38.1 |
|  | YES! | 12597 | 50.1 |
| 90. My parents want me to call if I am going to be late getting home. | NO! | 383 | 1.5 |
|  | no | 1194 | 4.8 |
|  | yes | 7816 | 31.2 |
|  | YES! | 15697 | 62.6 |



## Appendix D: Item Dictionary for the 2005 NRPFSS

2005 Nebraska Risk and Protective Factor Student Survey ITEM DICTIONARY

| SCALES AND QUESTIONS | RESPONSE CATEGORIES | Question Number |
| :---: | :---: | :---: |
| DEMOGRAPHICS |  |  |
| How old are you? | 10 or younger, $11,12,13,14,15,16,17,18,19$ or older | 2 |
| What grade are you in? | 6, 7, 8, 9, 10, 11, 12 | 3 |
| Are you: | Female, Male | 1 |
| Are you Hispanic or Latino? | Yes, No | 4 |
| What is your race? | See questionnaire for complete list of ethnic categories | 5 |
| Where are you living now? | On a farm or on a ranch, In the country (not on a farm or ranch), in a city, town, or suburb, On a reservation | 6 |
| COM M UNITY: Community Disorganization |  |  |
| How much do each of the following statements describe your neighborhood, or the area around where you live: |  |  |
| crime and/or drug selling | NO!, no, yes, YES! | 73a |
| fights | same as above | 73b |
| lots of empty or abandoned buildings | same as above | 73c |
| lots of graffiti | same as above | 73d |
| I feel safe in my neighborhood or the area around where I live | same as above | 75 |
| COM M UNITY: Laws and Norms Favorable to Drug Use |  |  |
| How wrong would most adults in your neighborhood, or the area around where you live, think it was for kids your age: |  |  |
| to use marijuana? | Very Wrong, Wrong, A little bit wrong, Not wrong at all | 72a |
| to drink alcohol. | same as above | 72b |
| to smoke cigarettes? | same as above | 72 c |
| To use "meth?" | same as above | 72d |
| If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, would he or she be caught by the police? | NO!, no, yes, YES! | 78 |
| If a kid smoked marijuana in your neighborhood would he or she be caught by the police? | NO!, no, yes, YES! | 77 |
| If a kid carried a handgun in your neighborhood would he or she be caught by the police? | NO!, no, yes, YES! | 80 |
| COM M UNITY: Perceived Availability of Drugs |  |  |
| If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some? | Very hard, Sort of hard, Sort of easy, Very easy | 83 |


| If you wanted to get some cigarettes, how easy would it be for you to get some? | same as above | 82 |
| :---: | :---: | :---: |
| If you wanted to get some marijuana, how easy would it be for you to get some? | same as above | 86 |
| If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some? | same as above | 84 |
| COM M UNITY: Perceived Availability of Handguns |  |  |
| If you wanted to get a handgun, how easy would it be for you to get one? | same as above | 85 |
| COM M |  |  |
| There are lots of adults in my neighborhood I could talk to about something important | NO!, no, yes, YES! | 76 |
| Which of the following activities for people your age are available in your community? |  |  |
| sports teams | YES, No | 74a |
| scouting | same as above | 74 b |
| boys and girls clubs | same as above | 74 c |
| 4-H clubs | same as above | 74d |
| service clubs | same as above | 74 e |
| Other activities or clubs led or organized by adults | same as above | 74f |
| FAMILY: Poor Family Management |  |  |
| My parents ask if I've gotten my homework done. | NO!, no, yes, YES! | 97 |
| Would your parents know if you did not come home on time? | same as above | 98 |
| When I am not at home, one of my parents knows where I am and who I am with. | same as above | 89 |
| My parents want me to call if I am going to be late getting home | same as above | 90 |
| The rules in my family are clear | same as above | 88 |
| My family has clear rules about alcohol and drug use. | same as above | 91 |
| FAMILY: Parental Attitudes Favorable Toward Drug Use |  |  |
| How wrong do your parents feel it would be for you to: |  |  |
| drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly? | Very wrong, Wrong, A little bit wrong, Not wrong at all | 87a |
| smoke cigarettes? | same as above | 87 b |
| smoke marijuana? | same as above | 87c |
| Use "meth?" | same as above | 87d |
| FAMILY: Attachment |  |  |
| Do you feel very close to one or more of your parents? | NO!, no, yes, YES! | 93 |
| Do you share your thoughts and feeling with one or more parents? | same as above | 94 |
| FAMILY: Opportunities for Prosocial Involvement |  |  |
| My parents give me lots of chances to do fun things with them. | NO!, no, yes, YES! | 96 |
| My parents ask me what I think before most family decisions affecting me are made. | same as above | 92 |
| If I had a personal problem, I could ask my mom or dad for help. | same as above | 95 |

## SCHOOL: Little Commitment to School

| How often do you feel that the school work you are assigned is meaningful and important? | Almost Always, Often, Sometimes, Seldom, Never | 13 |
| :---: | :---: | :---: |
| How interesting are most of your courses to you? | Very Interesting \& Stimulating, Quite Interesting, Fairly Interesting, Slightly Dull, Very Dull | 15 |
| How important do you think the things you are learning in school are going to be for your later life? | Very Important, Quite Important, Fairly Important, Slightly Important, Not at all Important | 14 |
| Now, thinking back over the past year in school, how often did you... |  |  |
| enjoy being in school? | Never, Seldom, Sometimes, Often, Almost Always | 12a |
| hate being in school? | same as above | 12b |
| try to do your best work in school? | same as above | 12c |
| SCHOOL: Opportunities for Prosocial Involvement |  |  |
| In my school, students have lost of chances to help decide things like class activities and rules. | NO!, no, yes, YES! | 7 |
| There are lots of chances for students in my school to talk with a teacher one-on-one. | same as above | 10 |
| Teachers ask me to work on special classroom projects. | same as above | 8 |
| There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class. | same as above | 9 |
| I have lots of chances to be part of class discussions or activities. | same as above | 11 |

## PEER-INDIVIDUALS: Early Initiation of Problem Behavior

How old were you when you first:
smoked marijuana?
smoked a cigarette, even just a puff?
had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)
began drinking alcoholic beverages regularly, that is, at least once or twice a month?

| same as above | 23 b |
| :--- | :--- |
| same as above | 23 c |
| same as above | 23 d |
| same as above | 23 e |

## PEER-INDIVIDUALS: Early Initiation of Antisocial Behavior

| got suspended from school? | same as above | 23 f |
| :---: | :---: | :---: |
| got arrested? | same as above | 23 g |
| carried a handgun? | same as above | 23h |
| attacked someone with the idea of seriously hurting them? | same as above | 23 i |

## PEER-INDIVIDUALS: Antisocial Behavior

## How many times in the past year (12 months) have you...

| been suspended from school? | Never, 1 or 2 times, 3-5, 6-9, 10-19, 20-29, 30-39, 40+ | 27a |
| :---: | :---: | :---: |
| carried a handgun? | same as above | 27b |
| sold illegal drugs? | same as above | 27c |
| stolen or tried to steal a motor vehicle such as a car or motorcycle? | same as above | 27 d |
| been arrested? | same as above | 27 e |


| attacked someone with the idea of seriously hurting them? | same as above | 27f |
| :---: | :---: | :---: |
| been drunk or high at school? | same as above | 27 g |
| taken a handgun to school? | same as above | 27h |
| PEER-INDIVIDUALS: Favorable Attitudes Toward Antisocial Behavior |  |  |
| How wrong do you think it is for someone your age to... |  |  |
| taken a handgun to school? | Very Wrong, Wrong, A Little Bit Wrong, Not Wrong at All | 24a |
| steal anything worth more than \$5? | same as above | 24b |
| pick a fight with someone? | same as above | 24 c |
| attack someone with the idea of seriously hurting them? | same as above | 24d |
| stay away from school all day when their parents think they are at school? | same as above | 24 e |
| PEER-INDIVIDUALS: Favorable Attitudes Toward Drug Use |  |  |
| How wrong do you think it is for someone you age to: |  |  |
| drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly? | Very Wrong, Wrong, A Little Bit Wrong, Not Wrong at All | 24 f |
| smoke cigarettes? | same as above | 24 g |
| smoke marijuana? | same as above | 24h |
| Used "meth" (also known as 'crystal, ' 'crank' or 'ice')? | same as above | 24 i |
| use LSD, cocaine, amphetamines or another illegal drug? | same as above | 24 j |
| PEER-INDIVIDUALS: Perceived Risks of Drug Use |  |  |
| How much do you think people risk harming themselves (physically or in other ways) if they: |  |  |
| Smoke one or more packs of cigarettes per day? | No Risk, Slight Risk, Moderate Risk, Great Risk | 36a |
| Try marijuana once or twice? | same as above | 36 b |
| Smoke marijuana regularly? | same as above | 36c |
| Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day. | same as above | 36 d |
| Used "meth" (also known as 'crystal,' 'crank' or 'ice')? | same as above | 36 e |
| PEER-INDIVIDUALS: Social Skills |  |  |
| You're looking at CD's in a music store with a friend. You look up and see her slip and CD under her coat. She smile and says "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now? | Ignore her, Grab a CD and leave the store, Tell her to put the CD back, Act like it's a joke and ask her to put the CD back | 28 |
| It's 8:00 on a week night and you are about to go over to a friend's home when your mother asks you where you are going. You say "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now? | Leave the house anyway, Explain what you are going to do with your friends, tell her when you'd get home, and ask if you can go out, Not say anything and start watching TV, Get into an argument with her | 31 |
| You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do? | Push the person back, Say "Excuse me" and keep on walking, Say "Watch where you're going" and keep on walking, Swear at the person and walk away | 29 |


| You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do? | Drink it; Tell your friend "No thanks, I don't drink" and suggest that you and your friend go and do something else; Just say "No, thanks" and walk away; Make up a good excuse, tell your friend you had something else to do, and leave | 30 |
| :---: | :---: | :---: |
| PEER-INDIVIDUALS: Belief in Moral Order |  |  |
| I think it is okay to take something without asking if you can get away with it. | NO!, no, yes, YES! | 33 |
| I think sometimes it's okay to cheat at school. | same as above | 32 |
| It is all right to beat up people if they start the fight. | same as above | 34 |
| It is important to be honest with your parents, even if they become upset or you get punished. | same as above | 99 |
| PEER-INDIVIDUALS: Gang Involvement |  |  |
| Have you ever belonged to a gang? | No, Yes | 25 |
| If you have ever belonged to a gang, did it have a name? | No, Yes, I have never belonged to a gang | 26 |
| How old were you when you first: |  |  |
| belonged to a gang? | Never, 10 or younger, 11, 12, 13, 14, 15, 16, 17 or older | 23j |
| DRUG USE OUTCOMES |  |  |
| Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, chewing tobacco)? | Never; Once or twice; Once in a while but not regularly; Regularly in the past; Regularly now | 62 |
| How frequently have you used smokeless tobacco during the past 30 days? | Never; Once or twice; Once or twice per week; About once a day; More than once a day | 63 |
| Have you ever smoked cigarettes? | Never; Once or twice; Once in a while but not regularly; Regularly in the past; Regularly now | 70 |
| How frequently have you smoked cigarettes during the past 30 days? | Not at all; Less than one cigarette per day; 1-5 cigarettes per day; about $1 / 2$ pack per day, about 1 pack per day; about 1 and $1 / 2$ packs per day, 2 packs or more per day | 71 |
| On how many occasions (if any) have you had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime - more than just a few sips? | 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40 or more | 37 |
| On how many occasions (if any) have you had beer, wine or hard liquor during the past 30 days? | same as above | 38 |
| Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row? | same as above | 61 |
| On how many occasions (if any) have you used marijuana in your lifetime? | same as above | 39 |
| On how many occasions (if any) have you used marijuana during the past 30 days? | same as above | 40 |
| On how many occasions (if any) have you used LSD or other psychedelics in your lifetime? | same as above | 41 |
| On how many occasions (if any) have you used LSD or other psychedelics during the past 30 days? | same as above | 42 |
| On how many occasions (if any) have you used cocaine or crack in your lifetime? | same as above | 43 |
| On how many occasions (if any) have you used cocaine or crack during the past 30 days? | same as above | 44 |
| On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your lifetime? | same as above | 47 |
| On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days? | same as above | 48 |


| On how many occasions (if any) have you taken "meth" (also known as 'crank,' 'crystal,' or 'ice') in your lifetime? | same as above | 45 |
| :---: | :---: | :---: |
| On how many occasions (if any) have you taken "meth" (also known as 'crank,' 'crystal,' or 'ice') in the past 30-days? | same as above | 46 |
| On how many occasions (if any) have you used phenoxydine (pox, px, breeze) in your lifetime? | same as above | 49 |
| On how many occasions (if any) have you used phenoxydine (pox, px, breeze) in the past 30 days? | same as above | 50 |
| On how many occasions (if any) have you used steroids without a doctor telling you to take them, in your lifetime? | same as above | 51 |
| On how many occasions (if any) have you used steroids without a doctor telling you to take them in the past 30 days? | same as above | 52 |
| On how many occasions (if any) have you used performance enhancing drugs other than steroids (ephedrine, EPO, creatine, DHEA, or diuretics) without a doctor telling you to take them, in your lifetime? | same as above | 53 |
| On how many occasions (if any) have you used performance enhancing drugs other than steroids (ephedrine, EPO, creatine, DHEA, or diuretics) without a doctor telling you to take them, in the past 30 days? | same as above | 54 |
| On how many occasions (if any) have you used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycontin, or sleeping pills) without a doctor telling you to take them, in your lifetime? | same as above | 55 |
| On how many occasions (if any) have you used prescription drugs (such as Valium, Xanax, Ritalin, Adderall, Oxycontin, or sleeping pills) without a doctor telling you to take them, in the past 30 days? | same as above | 56 |
| On how many occasions (if any) have you used other illegal drugs in your lifetime? | same as above | 57 |
| On how many occasions (if any) have you used other illegal drugs in the past 30 days? | same as above | 58 |
| HONESTY |  |  |
| How honest were you in filling out this survey? | I was very honest; I was pretty honest much of the time; I was honest some of the time; I was honest once in a while; I was not honest at all | 101 |
| Other questions contained in the Nebraska 2003 Risk and Protective Factor Survey |  |  |
| Drinking and Driving |  |  |
| During the past year, how many times (if any) have you driven a car, truck or motorcycle after drinking alcohol? | 0 occasions, 1-2, 3-5, 6-9, 10-19, 20-39, 40 or more | 59 |
| During the past year, how many times (if any) have you been a passenger in a car or truck, or on a motorcycle, driven by someone after they had been drinking alcohol? | same as above | 60 |
| Sources and Places of Alcohol Use |  |  |
| If you drank alcohol (not just a sip or a taste) in the past year, think about the last time you did so. How did you get the alcoholic beverage? (Check YES or NO for each. If you did not drink alcohol in the past year, check NO for each one) |  |  |
| The last time I drank alcohol... |  |  |
| I bought it myself with a fake ID | Yes, No, Did not use | 64a |
| I bought it myself without a fake ID | Same as above | 64b |
| I got it from someone I know aged 21 or older | Same as above | 64c |
| I got it from someone I know under age 21 | Same as above | 64d |
| I got it from a brother or sister | Same as above | 64e |
| I got it from home with my parents' permission | Same as above | 64f |
| I got it from home without my parents' permission | Same as above | 64 g |
| I got it from another relative | Same as above | 64h |
| A stranger bought it for me | Same as above | 64i |

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| At an empty building or a construction site | Same as above | 68 f |
| :---: | :---: | :---: |
| At a hotel/motel | Same as above | 68 g |
| In a car | Same as above | 68h |
| On the last day you smoked a cigarette, were there one or more adults present? | Same as above | 69 |
| In my community there are many fun or interesting things to do that are safe and legal | NO!, no, yes, YES! | 81 |
| Perceived peer use of ATODs |  |  |
| How many people your age do you think... |  |  |
| Smoke cigarettes? | None of them, less than half of them, about half of them, more than half of them, all or almost all of them | 35a |
| Drink alcohol? | Same as above | 35b |
| Smoke marijuana? | Same as above | 35 c |
| Use "meth" (also known as 'crank,' 'crystal,' or 'ice')? | Same as above | 35d |
| Gambling |  |  |
| How old were you the first time you gambled (bet money or something of value on sports, a game of chance or skill, played the lottery, or bet cards or dice games)? | Never have, 10 or younger, $11,12,13,14,15,16,17$ or older | 16 |
| In the past year, have you gambled for money or anything of value? | Yes, No | 17 |
| In the last 30 days, have you gambled for money or anything of value? | Same as above | 18 |
| In the past year, have you often found yourself thinking about gambling or planning to gamble? | Same as above | 19 |
| In the past year, have you ever spent more than you meant to on gambling? | Same as above | 20 |
| In the past year, has your gambling ever led to lies to your family? | Same as above | 21 |
| In the past year, how many times (if any) have you: |  |  |
| Gambled at a casino | Never; Gambled, but not in past year; A few times in past year; Once or twice a month; Once or twice a week; Almost every day | 22a |
| Played the lottery or scratch-off tickets |  | 22b |
| Bet on team sports |  | 22c |
| Played cards for money |  | 22d |
| Bet money on horse races |  | 22 e |
| Played bingo for money or prizes |  | 22 f |
| Gambled on the Internet |  | 22 g |
| Bet on dice games (such as craps) |  | 22h |
| Bet on games of personal skill (such as pool, darts, or bowling) |  | 22 i |
| Gambled at a school, church, or community event |  | 22 j |
| Importance of Survey |  |  |
| How important were these questions? | Not too important, Important, Fairly Important, Very Important | 100 |
| Additional |  |  |
| If a kid smoked cigarettes in your neighborhood, or area around where you live, would he or she be caught by the police? | NO!, no, yes, YES! | 79 |

# Appendix E: Description of Profile Reports, Sample Profile Report, and Selected Charts for All Nebraska Youth, and Males Compared to Females 

## Risk and Protective Factor Scales and Profiles

Many of the questions on the survey have been combined into risk and protective factor scales. This allows the information contained in items that measure the same type of information to be summarized as a scale score. All of the scales are scored so that the higher the score the greater the risk for risk factors and the greater the protection for protective factors.

A benefit of using the risk and protective factor model in dealing with adolescent social problems is that it provides a method of measuring levels of risk and protection. Once the areas of highest risk and the areas of lowest protection are identified, they can be addressed by programs designed to reduce levels of risk and increase levels of protection. The decreases in risk and increases in protection will ultimately results in a reduction of the rate of youth problem behaviors. After the prevention programs have been implemented, the risk and protective factor levels can again be measured to determine the effectiveness of the intervention.

There are a total of 9 risk factors and 6 protective factors measured by the NRPFSS. However, some of the risk factors are sufficiently broad as to require more than one scale for adequate measurement. As a result, there are 13 separate risk factor scales and 6 protective factor scales. An item dictionary that lists the risk and protective factor scales and the questions they contain has been prepared and included in Appendix D for reference.

In order to make the results of the 2005 Survey more usable, risk and protective profiles have been developed that show the percentage of youth at risk and the percentage of youth with protection on each scale. The profiles allow a comparison between the percentage of youth at risk for the entire state of Nebraska and specific areas of the state. Also, each report presents data from the 2003 survey, allowing the state, schools, school districts, regions, etc. to identify changing rates over time. Profiles have been prepared for counties, regions, school districts, and individual schools.

## Interpreting Risk and Protective Factor Profile Reports

In 2000, a profile report was developed by Bach Harrison L.L.C. to help disseminate the results of the survey to a wider range of readers. The profile reports for the Nebraska survey contain results from the 2003 and 2005 administrations. The purpose of the report is to provide information to prevention planners that will allow them to begin planning prevention services for their areas. The profile reports contain information specific to a geographic area or population group and are designed to assist in prevention planning at the school, school district, region, and state levels. This Appendix contains an example of a complete profile report (grades $6,8,10$, and 12) and risk factor, protective factor, and ATOD use and antisocial behavior charts for Nebraska males compared to females. Briefly, the report contains a description of the Risk and Protective Factor Framework; a section on how to use the information provided in the report; substance use and antisocial behavior charts for grades $6,8,10$, and 12 ; risk and protective factor charts for the four grades; risk and protective factor definitions; and numeric tables that contain all of the data displayed in the charts.

An advantage of having the data available from the profile report is that the ATOD use, antisocial behavior, and the percentage of youth at risk and with protection provide a base line that can be used to compare the results from future surveys. A community can determine whether it is becoming more or less at risk in an area by comparing the survey results from one survey administration to the next. Through future student survey administrations; schools, communities, and regional and state agencies that deliver prevention services can effectively evaluate their prevention efforts and determine if those efforts are having the desired effect of reducing risk and increasing protection in youth. These changes in risk and protection will, hopefully, result in the reduction of the level of youth problem behaviors in the community.

For more information on the Nebraska Risk and Protective Factor Student Survey Student Survey, how to conduct a student survey in your community, the risk and protective factor model of prevention, resource allocation, prevention's best practices, and program evaluation, contact the Nebraska Department of Health and Human Services at (402) 479-5573.



#  











 particularly high (or low) can be identified. problem. By measuring risk and protective
factors in your community, factors that are address those factors that predict the prevent problem behaviors, it is necessary to The premise of this approach is that in order important implications for prevention efforts. Research on risk and protective factors has
 involvement with peers and adults who
 clear standards for behavior; and individual




 Protective factors exert a positive influence live in families with low levels of family
conflict. delinquency and drug use than children who of conflict are more likely to become
involved in problem behaviors such as


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Peer / Individual

| Early and Persistent Antisocial Behavior | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Academic Failure | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |
| Lack of Commitment to School | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |  |
|  |  |  |  |  |  |

School

| Family History of High Risk Behavior | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Family Management Problems | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |
| Family Conflict | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |
| Favorable Parental Attitudes and <br> Involvement in the Problem Behavior | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ |

## Family

| Availability of Drugs and Firearms | $\checkmark$ |  |  |  | $\checkmark$ |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Community Laws and Norms Favorable <br> Toward Drug Use | $\checkmark$ |  |  |  |  |
| Transitions and Mobility | $\checkmark$ | $\checkmark$ |  | $\checkmark$ |  |
| Low Neighborhood Attachment and <br> Community Disorganization | $\checkmark$ | $\checkmark$ |  |  | $\checkmark$ |
| Extreme Economic Deprivation | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$ |

Community

Additional Information on
Risk and Protective Factors












 definitions of each of the types of behavior are
provided below.



 percent of students in high school reported that
they 'ever used alcohol'. This means that 70





 from the charts are presented in a table format at
the end of this report.
 then comparison data for 2003 will also be
included in the charts. The actual percentages









listed in the charts in the past year. In the charts
antisocial behavior will often be abreviated as ASB.
How to Read the Charts in this Report
an issue of concern and merits attention.
 percentage of sta of problem behavior. For example, if the

 who participated in the survey. Information in grades $6,8,10$, and 12 throughout the state compare the results from their youth to youth survey. The dots allow a community to Dots are used on the charts to show the
overall state average for all of the youth in
each grade who participated in the 2005 social behavior will often be abreviated as ASB.
Dots are used on the charts to show the
5









 The risk and protective factor
profiles provided by this survey
reflect underlying conditions that prioritize local prevention issues
The risk and protective factor

 Protective Factor Student Survey
can be used to help schools and Data from the Nebraska Risk and
 Why Conduct the Risk and

## 

 How to decide if a rate is unacceptable. o At which grades do you see unacceptable behavior levels? o Which substances are your students using the most?
o At which grades do you see unacceptable usage levels?

- Which 3-5 protective factors are your community's highest priority?
- Which levels of 30-day drug use are of greatest concern?
 What are the numbers telling you?
Review the charts and data tables present
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## 6th Grade

Nebraska Male and Female Profile Report Charts



## 8th Grade <br> Nebraska Male and Female Profile Report Charts





## 10th Grade

Nebraska Male and Female Profile Report Charts




## 12th Grade

## Nebraska Male and Female Profile Report Charts





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[^0]:    NOTE: Steroids, Prescription Drugs, Performance Drugs, and Other Drugs were added to the Nebraska "Any Drug" category for 2005. This explains the difference in "Any Drug" use from 2003 to 2005.

[^1]:    ** Cells containing the --- symbol indicate an area where data is not available because the question wasn't asked in the 2001 or 2002 survey.

