2020

Nebraska Young Adult Alcohol Opinion Survey

2010-2020 State Summary Report

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2010-2020 State Summary Report

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Executive Summary

Alcohol is the most commonly used substance in Nebraska. The rates of underage drinking, binge drinking, and alcohol-impaired driving continue to be higher in Nebraska than the U.S average. Alcohol misuse within Nebraska places a significant strain on the health care system, the criminal justice system, and the substance abuse treatment system. While alcohol misuse is a cause for concern among people of all ages in Nebraska, it is particularly an issue among young adults, who tend to be the age group most likely to use alcohol and suffer from the negative consequences associated with alcohol misuse.

While some data on alcohol use and alcohol-impaired driving among young adults in Nebraska are available, they are limited, largely unavailable at a sub-state level (e.g., county or multi-county level), and virtually no data are available on the attitudes and perceptions related to alcohol among young adults. As a result, the Nebraska Young Adult Alcohol Opinion Survey was created to capture a reliable sample of alcohol-related behaviors and attitudes and perceptions. The NYAAOS is a paper survey that is mailed to a random stratified sample of 19 to 25-year-olds across the state.

A total of 3,466 young adults completed the survey at the first administration (referred to as 2010), 2,725 at the second administration (referred to as 2012), 2,816 young adults completed the survey at the third administration (referred to as 2013), 2,812 young adults completed the survey at the fourth administration (referred to as 2016), 1,967 young adults completed the survey at the fifth administration (referred to as 2018), and a total of 4,121 completed the survey at this sixth administration (referred to as 2020). Demographics of the participants are located in the "Sampling and Methodology" Section. Results were weighted to represent young adults statewide. The following are highlights from the survey across all six administrations with a focus on 2020.

Alcohol Use and Binge Drinking among 19-25-Year-Olds in Nebraska

- Over half of respondents in 2020 (61.4%) reported using alcohol in the past month which is similar to previous years (67.6% in 2010, 68.0% in 2012, 68.1% in 2013, 67.1% in 2016, and 65.3% in 2018).

- Among past-month alcohol users in 2020, over half (52.5%) reported binge drinking in the past 30 days which is less than previous years (64.8% in 2010, 69.1% in 2012, 66.3% in 2013, 56.7% in 2016, and 51.9% in 2018).

- Among all respondents in 2020 about one in three (32.2%) reported binge drinking in the past month which is lower than previous years (43.8% in 2010, 47.3% in 2012, 44.9% in 2013, 38.7% in 2016, and 34.7% in 2018).

Alcohol-Impaired Driving among 19-25-Year-Olds in Nebraska

- There have been incremental decreases in past year alcohol-impaired driving in each survey administration. Reported past year driving under the influence of alcohol has decreased from 30.3% in 2010 to 12.4% in 2020.

- Past-month driving after binge drinking has also decreased from 8.1% in 2010 to 2.9% in 2020.

- A little less than one in fifteen (5.6%) of young adults reported driving while they were under the influence of marijuana in the past year.

Attitudes and Perceptions Related to Alcohol among 19-25-Year-Olds in Nebraska

- The rate of Nebraska young adults who perceived a moderate or great risk of harm (physically or in other ways) from binge drinking has increased from 71.1% in 2010 to 78.4% in 2020.

- The amount of risk an individual believes binge drinking has impacts their behaviors. In 2020, those who reported no risk from binge drinking had a significantly higher past-month binge drinking rate of 68.6%, compared to 17.7% for their peers who reported great risk.

- Over half (60.6%) of 19-20-year-olds perceived most of their peers were drinking alcohol in the past 30 days when slightly more than one-third actually were (35.1%) in 2020.

- Less than half of the respondents (46.6%) perceived it was wrong or very wrong for individuals 18 to 20 years old to have one or two drinks in 2020.

- Underage binge drinking was viewed as wrong or very wrong. In 2020, 76.7% perceived it is wrong or very wrong for individuals age 18 to 20 to get drunk.

- Social norms attitudes were more favorable towards legal-age binge drinking, with 22.6% of 2020 survey respondents reported that it is wrong or very wrong for individuals 21 and over to binge drink.

- As there was a strong disapproval of underage binge drinking, there was also a strong disapproval of providing alcohol to minors, with 80.4% of young adults perceiving it as wrong or very wrong to provide alcohol to individuals under 21 years old in 2020.

- Over half (64.5%) of Nebraska young adults perceived it is somewhat likely or very likely that police will arrest an adult who is believed to have provided alcohol to persons under 21, and 72.7% perceived it is likely or somewhat likely that police will break up parties where persons under 21 years old are drinking in 2020.

- A majority of young adults believed that someone will be stopped by the police and arrested for driving under the influence of alcohol, with 77.3% reporting it as “very likely” or “somewhat likely” in 2020.

- Over two in five (42.1%) of young adults indicated their parents or caregivers allowed them to drink alcoholic beverages in their home while they were underage.

- Young adults believed that about half (48.5%) of their peers binge drank alcohol in the past 30 days, which is higher than the percent that actually binge drank (33.4%). In addition, young adults believed that nearly one in three (30.1%) of their peers drove after binge drinking in the past 30 days which is much higher than the percent who reported driving after binge drinking (4.0%).

Gender Differences

- Binge drinking has decreased among both genders from 2013 (50.8% males, 44.1% females) to 2020 (34.0% males, 30.3% females).

- There is a significant difference between males and females in terms of past-month driving after binge drinking in 2020 (4.3% males, 1.4% females).

- Males were less likely (5.3%) than females (6.0%) to report marijuana-impaired driving for the past year.

- Females (42.6%) were slightly more likely to be allowed by their parents or caregivers to drink alcoholic beverages at home when they were underage than males (41.7%).

Age Differences

- Binge drinking has decreased among all ages by gender, but has increase in males age 23-25 compared to in 2018.

- There were significant decreases in the rate of past year alcohol-impaired driving for all age groups from 2010 to 2020. For 19-20-year-olds, the rate decreased from 20.2% in 2010 to 5.9% in 2020. For 21-22-year-olds, past-year alcohol-impaired driving decreased significantly from 34.1% in 2010 to 13.1% in 2020. For 23-25-year-olds, it decreased significantly, from 36.0% in 2010 to 16.6% in 2020.

- Rates for past-month driving after binge drinking remained fairly stable for all age groups, with rates remaining at a low percentage since 2013 albeit minor fluctuations.

- Young adults age 24 were the most likely (7.3%) to report driving under the influence of marijuana in the past year.

Urban/Rural Differences

- In 2020, there is no statistical difference in past-month alcohol use between young adults living in urban areas, large rural areas or small rural areas. However, young adults living in urban areas (30.2%) reported a significantly lower rate of binge drinking in the past month than those living in small rural areas (34.7%).

- In 2020, urban respondents reported a significantly lower percentage of driving after binge drinking in the past month (1.5%) compared to peers in 2018 (3.7%). Furthermore, among past-month binge drinkers, 2020 urban respondents reported a markedly significantly lower rate of such behavior (4.8%) as opposed to counterparts in 2018 (11.5%). Among all respondents, urban residents reported a significantly lower rate (1.5%) versus folks living in small rural areas (5.0%).

- In 2020, urban respondents were significantly more likely (7.9%) than large rural (5.3%) and small rural (3.2%) respondents to report marijuana-impaired driving in the past year. The gap between large rural and small rural residents was also found statistically significant in 2020. In each residential area group, the percentage in 2020 was significantly lower than that of 2018.

A Note on Statistical Significance (p values)

Throughout this report, a p-value less than 0.05 is statistically significant.

Any data points that were not collected in 2020 can be found in previous reports.

List of Acronyms

BAC – Blood Alcohol Concentration

BRFSS – Behavioral Risk Factor Surveillance System

DBH – Division of Behavioral Health

NDHHS – Nebraska Department of Health and Human Services

NHTSA – Nebraska Highway Traffic Safety Administration

NRPFSS – Nebraska Risk and Protective Factor Student Survey

NSDUH – National Survey on Drug Use and Health

NYAAOS – Nebraska Young Adult Alcohol Opinion Survey

SAMHSA – Substance Abuse and Mental Health Services Administration

SEOW – Statewide Epidemiology Outcomes Workgroup

SPF SIG – Strategic Prevention Framework State Incentive Grant

SPF PFS – Strategic Prevention Framework Partnerships for Success

YRBS – Youth Risk Behavior Survey

Introduction

Overview

Alcohol is the largest contributor to the leading cause of death (unintentional injuries) among young people in America.[1] Alcohol misuse, including underage drinking and binge drinking, places the individual at risk as well as creates a burden on society. Alcohol misuse strains the health care, the criminal justice, and the substance abuse treatment systems and impacts the education system and workplace productivity. According to the Centers for Disease Control and Prevention (CDC), the misuse of alcohol can lead to, among other things, alcohol poisoning, injuries (e.g., motor vehicle crashes, falls, drowning, and suicide), sexually transmitted diseases and unintended pregnancies, and chronic health problems (e.g., cirrhosis of the liver and high blood pressure).[2]

While alcohol misuse is cause for concern among people of all ages in Nebraska, it is particularly an issue of concern for young adults. Young adults tend to be the age group most likely to use alcohol and suffer from the negative consequences associated with alcohol misuse. According to the report entitled *Substance Abuse, Mental Illness and Associated Consequences in Nebraska, December 2015*, Nebraskans in their late teens through their twenties are the most likely to binge drink, to drive after drinking, to die or be injured in an alcohol-involved crash, to be arrested for DUI or other alcohol offenses, and to receive treatment for substance abuse[3].

The NYAAOS was administered by mail to a random sample of 19-to-25-year-olds in Nebraska. The primary purposes of the survey were (1) to enhance understanding of alcohol use, alcohol-impaired driving, and attitudes and perceptions related to alcohol among 19-to-25-year-old young adults in Nebraska and (2) to provide data to community coalitions in Nebraska working to reduce binge drinking among young adults. This report focuses on state level findings from the survey, including differences by gender, age, urbanicity, and ethnicity.

The most recent administration of Nebraska Young Adult Alcohol Opinion Survey (NYAAOS) was conducted between March 27, 2020 to August 4, 2020 by the Bureau of Sociological Research (BOSR) at the University of Nebraska-Lincoln, who served as the contractor for the data collection portion of the project. The NYAAOS was sponsored by the Nebraska State Epidemiological Outcome Workgroup Grant (SEOW).

Availability of Alcohol-Related Data for Young Adults in Nebraska

While some data on alcohol use and alcohol-impaired driving among young adults in Nebraska are available at the state level (as previously noted), they are limited, especially for attitudes and perceptions related to alcohol use and impaired driving. Furthermore, the available data are limited at the sub-state level in Nebraska (e.g., community, county, and multi-county areas), and, in most cases, do not provide sufficient data for community coalitions to plan for and evaluate their alcohol prevention efforts.

In many areas, the state has a wealth of data available from which the SEOW draws assessment information. The Nebraska Young Adult Alcohol Opinion Survey, Nebraska Risk and Protective Factor Survey and Youth Risk Behavioral Survey provide excellent data for monitoring underage drinking and other youth substance abuse issues. However, in other areas, such as surveillance systems for monitoring Fetal Alcohol Spectrum Disorders, prescription drug abuse, or substance use among older adults, information is inadequate. It is recognized that data drives decisions about resources, and an absence of data impacts the attention directed to problems that may be major public health issues. Therefore, ensuring sustainability and ongoing operation of the SEOW is vital in order to coordinate a public health surveillance system that is capable of providing a comprehensive and focused assessment and analysis.

State Epidemiological Outcome Workgroup

The Nebraska SEOW seeks to produce sustained outcomes in preventing the onset and reducing the progression of substance abuse, mental illness and related consequences. This is accomplished through continuation of the Strategic Prevention Framework (SPF) planning process, working across disciplines and implementing strategies that are specifically designed to create environments that support behavioral health.

Sampling Methodology of the NYAAOS

According to the 2010 Census (U.S. Census Bureau, 2010), Nebraska has a total population of 1,826,341. Nearly 80,131 are 19-20-year-olds and there are approximately 102,396 Nebraskans between the ages of 21-25 years.

2010-2012

Prior to sample selection, the state was divided into nine strata corresponding to the eight SPF SIG regions and additional strata for the remainder of the state. Using the Driver Records Database from the Nebraska Department of Motor Vehicles, a stratified random sample of 10,000 19-25 year old young adults was drawn. A total of 3,466 19-25-year-olds completed the survey in 2010 and 2,725 in 2012.

See the Sampling and Methodology section of this report for further details on the demographics of the participants, and methods used to collect, analyze, and report the data.

2013

Similar to 2016 the sample for the 2013 survey was generated from a list provided by the Nebraska Department of Motor Vehicles (DMV). A total of 10,003 young adults' ages 19 to 25 were included in the sample. The sample was stratified by the six Nebraska behavioral health regions (see map on next page) with an approximately equal number of respondents sampled in each region (regional N varied from 1667 to 1668). The sample was not stratified by the 11 PFS counties in 2016. Before the first mailing, respondent mailing addresses were run through the National Change of Address Registry. This process revealed 162 respondents who were no longer living in Nebraska, so they were removed from the sample. The second full mailing went through the same process and revealed an additional 52 respondents who were no longer living in the state.

2016

The sample for the 2016 survey was generated from a list provided by the Nebraska Department of Motor Vehicles (DMV). The sampling frame included young adults, ages 19 to 25, with Nebraska driver's licenses. A total of 12,000 young adults were included in the sample.

The sample was stratified in two ways. First, each of the 11 counties that are part of the Strategic Prevention Framework-Partnerships for Success (SPF-PFS) grant was designated as its own stratum (see shaded counties

on the map on next page.) Then within each behavioral health region, the remaining counties for the behavioral health region made up an addition stratum. In doing so, there were 17 strata; 11 for the PFS counties and six for the remaining counties in each behavioral health region. Strata were sampled at differing rates to take into account the number of returns needed for each PFS county, and the population size of each stratum. Due to the small population, a census was taken of young adults for Boyd County and Thurston County.

Before the first mailing, respondent mailing addresses were run through the National Change of Address Registry. This process revealed that 276 respondents were no longer living in Nebraska, so they were removed from the sample. The second full mailing went through the same process and revealed an additional 83 respondents who were no longer living in the state.

2018

The sample for the 2018 survey was generated from a list provided by the Nebraska Department of Motor Vehicles (DMV). The sampling frame included young adults, ages 19 to 25, with Nebraska driver's licenses. A total of 12,524 young adults were included in the sample initially. The sample was stratified in two ways. First, each of the 11 PFS counties was designated as its own stratum. Then, in each region, the remaining counties for the behavioral health region made up an addition stratum. In doing so, there were 17 strata; 11 for the PFS counties and six for the remaining counties in each behavioral health region. Strata were sampled at differing rates to take into account the number of returns needed for each PFS county, and the population size of each stratum. Due to the small population, Boyd County and Thurston County were censused.

Though the sampling design had intended for each stratum to be sampled based on current address, the DMV drew addresses based on where the individual obtained his or her driver's license. As a result, many of the sampled young adults had current addresses not within the designated stratum. Due to time constraints, the decision was made to move forward with the sample list provided, and adjust for analysis based on the zip code response on the questionnaire.

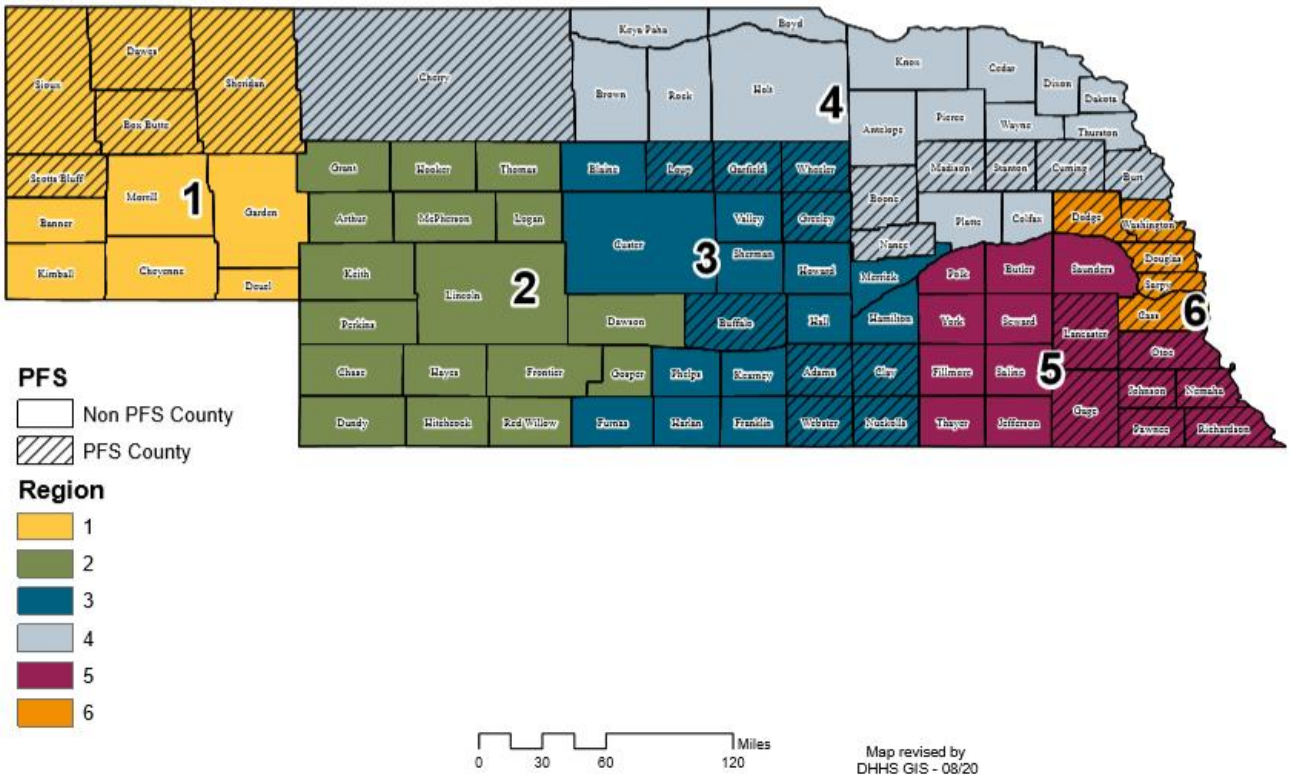
2020

The sample for this survey was generated from a list provided by the Nebraska Department of Motor Vehicles (DMV). The sampling frame included young adults, ages 19 to 25, with a Nebraska driver's license. A total of 15,426 young adults were included in the sample initially. The sample was stratified in two ways. First, each of the 16 PFS areas was designated as its own stratum. Then, in each region, the remaining counties for the Nebraska Behavioral Health Region made up an addition stratum. The PFS areas cover all of the Region 6 counties, so there was no additional stratum for this region. In doing so, there were 21 strata; 16 for the PFS areas and five for the remaining counties in five of the Nebraska Behavioral Health Region. Eight hundred young adults were sampled from each stratum. Due to the small population, Dawes/Sioux, Sheridan, Garfield/Loup/Wheeler/Greeley, Cherry, and Boone/Nance PFS areas were censused.

Though the sampling design had intended for each stratum to be sampled based on current address, the DMV only has address information based on where the individual obtained his or her driver's license. As a result, many of the sampled young adults had current addresses not within the designated stratum. The decision was made in 2018 to move forward with the sample list provided, and adjust for analysis based on the zip code response on the questionnaire.

Before the first mailing, respondent mailing addresses were run through the National Change of Address Registry. This process revealed that 408 respondents were no longer living in Nebraska, so they were removed from the sample. The final sample consisted of 15,018 cases.

Nebraska SPF-PFS Funded Counties (2018-2023)

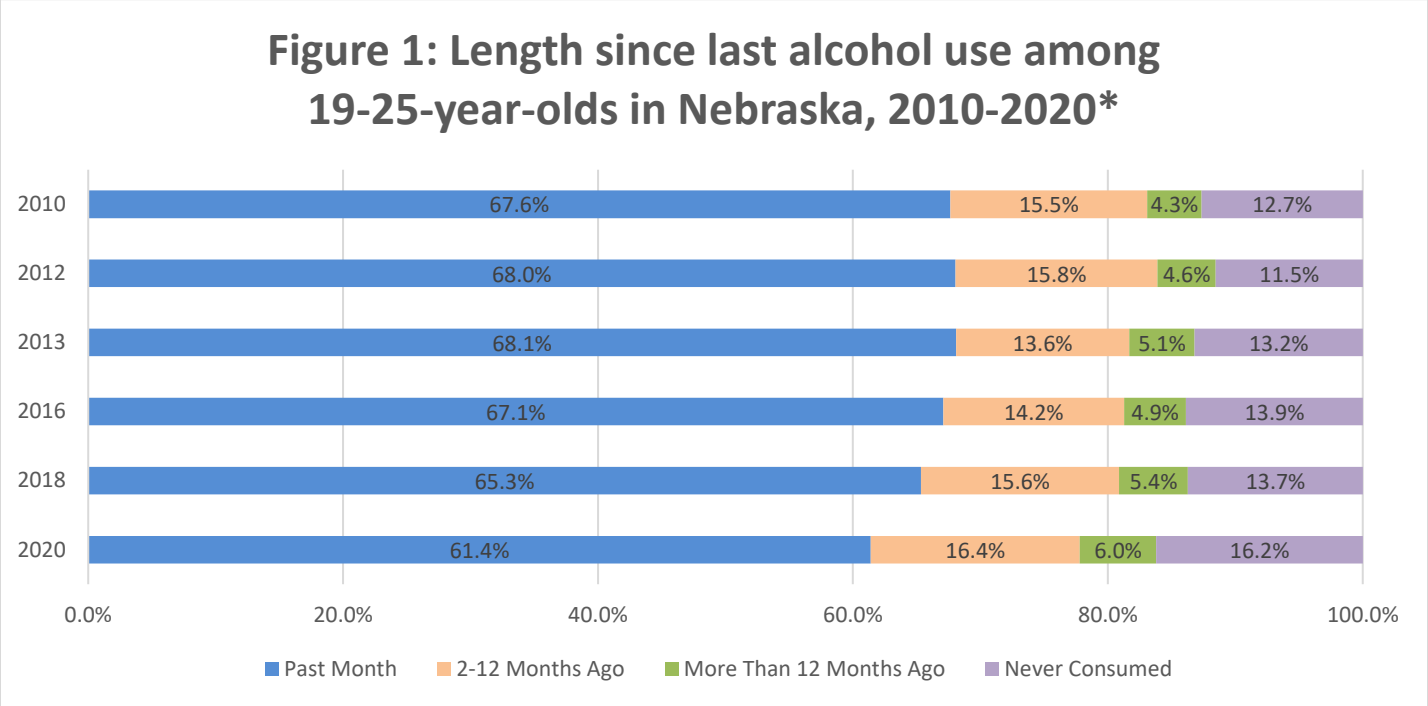


Results

Alcohol Use

Lifetime Alcohol Use

The vast majority of 19-25-year-old young adults in Nebraska (87.3% in 2010, 88.5% in 2012, 86.8% in 2013, 86.1% in 2016, 86.3% in 2018, and 83.8% in 2020) reported drinking alcohol (more than a few sips) during their lifetime (Figure 1).



*Length since consuming their last alcoholic beverage (including beer, wine, wine coolers, malt beverages, or liquor).

Past-Month Alcohol Use

Past-month alcohol use is defined as having at least one alcoholic beverage during the 30 days preceding the survey. About two-thirds of respondents (61.4%) in the 2020 survey administration reported past-month alcohol use (67.6% in 2010, 68.0% in 2012, 68.1% in 2013, 67.1% in 2016, and 65.3% in 2018). The rate of past-month alcohol use has declined since 2013, with the 2020 rate being significantly lower than that of the 2013 administration.

Past-Month Binge Drinking

Binge drinking is defined as four or more drinks for females and five or more drinks for males in a period of about two hours. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), such drinking habits will bring the blood alcohol concentration (BAC) to 0.08 gram percent or above for the typical adult[7].

In 2020, approximately one in three (32.2%) young adults reported binge drinking in the past 30 days. The rate of past-month binge drinking has remained stable from 2010 to 2013 (43.8% in 2010, 47.3% in 2012 and 44.9% in 2013), but in 2016 there was a significant decrease from 2013, followed by another significant decrease from 2016 to 2018. In 2020, when just comparing young adults who drank alcohol in the past 30 days instead of all young adults, half (52.5%) reported binge drinking in the past 30 days. From 2010-2013, this rate has remained fairly stable (64.8% in 2010, 69.1% in 2012, and 66.3% in 2013) with a significant drop in 2016 (56.7%).The rate of 2018 (51.9%) and 2020 (52.5%) were both statistically significantly smaller than that of 2016 (56.7%).

Demographic Differences in Past-Month Alcohol Use and Binge Drinking

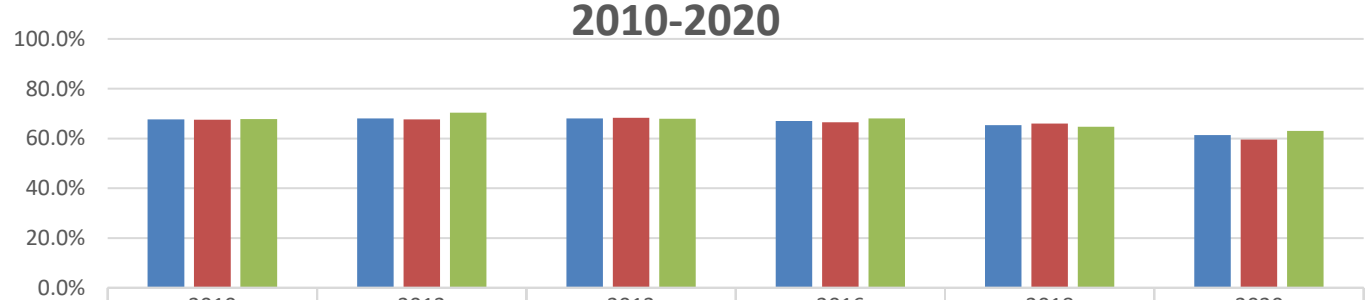
Gender

2020

In 2020, females (59.6%) reported a statistically significant lower rate of past-month alcohol use than males (63.0%), as well as past-month binge drinking prevalence (30.3% female, 34.0% male). Past-month binge drinking in each category tends to go down in spite of small fluctuations over the course of six administrations (Figure 2 and Figure 3).

When looking at just those who consumed alcohol in the past 30 days the rates of binge drinking is higher but there is still no significant difference between males (53.3%) and females (50.4%) in 2020.

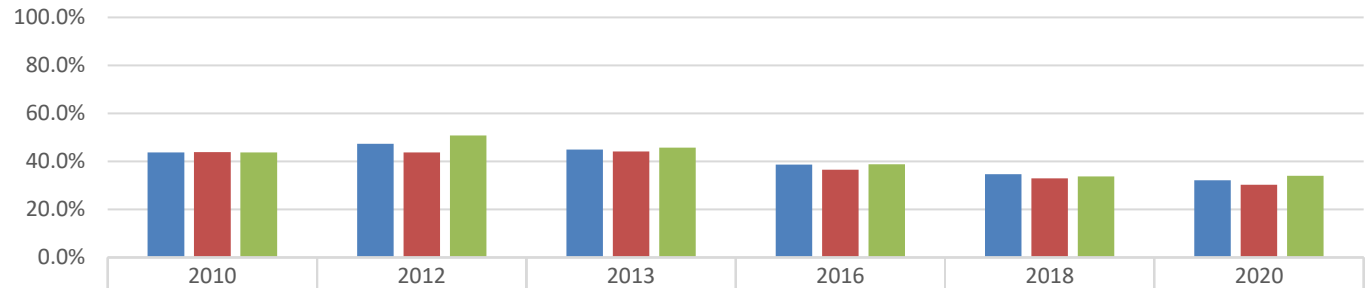
Figure 2: Past-month alcohol use among 19-25-year-olds in Nebraska by gender, 2010-2020



Past Month Alcohol Use*	2010	2012	2013	2016	2018	2020
Overall	67.6%	68.0%	68.1%	67.1%	65.3%	61.4%
Female	67.5%	67.7%	68.3%	66.6%	66.0%	59.6%
Male	67.8%	70.4%	67.9%	68.0%	64.7%	63.0%

*Percentage who reported having at least one alcoholic beverage during the 30 days preceding the survey.

Figure 3: Past-month binge drinking among 19-25-year-olds in Nebraska by gender, 2010-2020

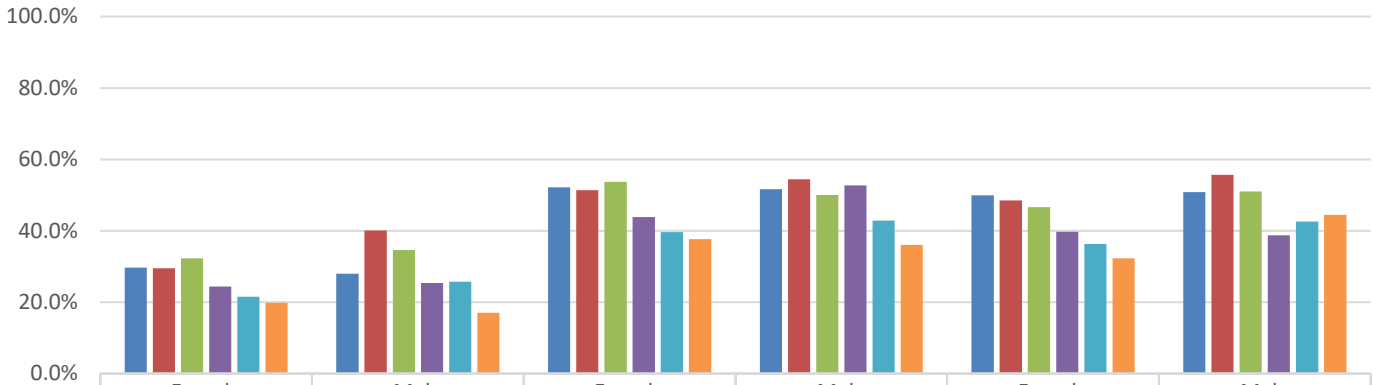


Past Month Binge Drinking*	2010	2012	2013	2016	2018	2020
Overall	43.8%	47.3%	44.9%	38.7%	34.7%	32.2%
Female	43.9%	43.7%	44.1%	36.5%	33.0%	30.3%
Male	43.7%	50.8%	45.7%	38.8%	33.7%	34.0%

*Percentage who reported having five or more drinks for men/four or more drinks for women within a couple of hours on at least one of the 30 days preceding the survey.

In 2020, females age 19-20 (19.8%) reported significantly lower rate of binge drinking than those of 2010 to 2013 and males age 19-20 (17.0%) also reported significantly less binge drinking than those previous administrations. Among the 21-22 age group, females in 2020 (37.6%) reported a significantly lower rate than 2010 to 2013 and a continued downward trend was present within this group. In addition, males in this age group (36.0%) reported significantly less binge drinking than years 2010 to 2016. In the 23-25 age group, females in 2020 (32.3%) reported significantly less binge drinking than years 2010 to 2016 (Figure 4).

Figure 4: Past-month binge drinking among 19-25-year-olds in Nebraska by age and gender, 2010-2020*



	19-20		21-22		23-25	
	Female	Male	Female	Male	Female	Male
2010	29.7%	28.0%	52.2%	51.6%	49.9%	50.8%
2012	29.5%	40.1%	51.4%	54.5%	48.5%	55.7%
2013	32.3%	34.6%	53.7%	50.0%	46.7%	51.0%
2016	24.4%	25.3%	43.8%	52.7%	39.7%	38.7%
2018	21.5%	25.8%	39.6%	42.9%	36.3%	42.5%
2020	19.8%	17.0%	37.6%	36.0%	32.3%	44.5%

*Percentage who reported having five or more drinks for men/four or more drinks for women within a couple of hours on at least one of the 30 days preceding the survey.

Trends

In 2020, females reported a significantly lower proportion of past-month alcohol use (59.6%) than 2018 (66.0%) while males had a significantly smaller proportion of past-month alcohol use (63.0%) than year 2010 to 2016. Females saw a continued decrease in past-month binge drinking from 2013 to 2020 and the reported rate in 2020 (30.3%) was significantly lower than year 2010 to 2016. While among males such rate increased slightly from 33.7% in 2018 to 34.0% in 2020, the percentage of 34.0% was still significantly lower than those from 2010 to 2016.

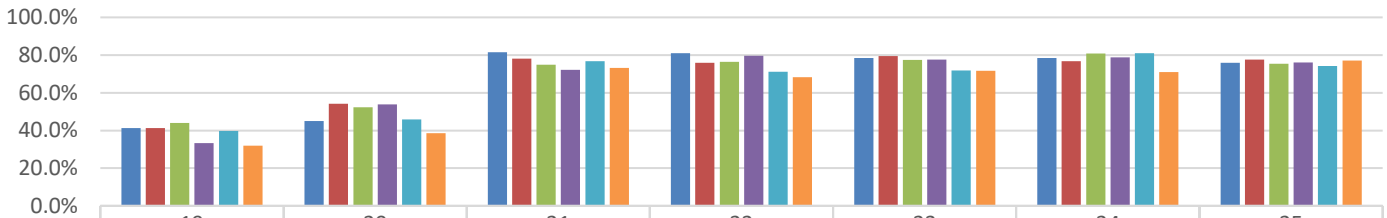
Males saw an increase in binge drinking among past-month alcohol drinkers from 2010 (64.3%) to 2012 (73.2%) and 2013 (68.2%) and then a significant decrease in 2016 (57.7%), and another drop in 2018 (53.3%) which was non-significant and a slight increase to 53.9% in 2020. Females have a stable rate of binge drinking among past-month alcohol drinkers through 2010 to 2013, but saw a significant decrease from 2013 (64.3%) to 2016 (55.6%), followed by another drop in 2018 (50.4%) and a small increase to 50.8 % in 2020.

Age

2020

In 2020, past-month alcohol use was lowest at 19 (32.0%), increased moderately at 20 (38.6%) and then a sharp increase occurred at 21 (73.1%) and peaked at 25 (77.1%) (Figure 5). Likewise, past-month binge drinking is lowest at 19 (16.5%), increased at 20 (20.4%), and increased again at 21 (38.9%). It remained stable from 21 to 25 despite small fluctuations (Figure 6).

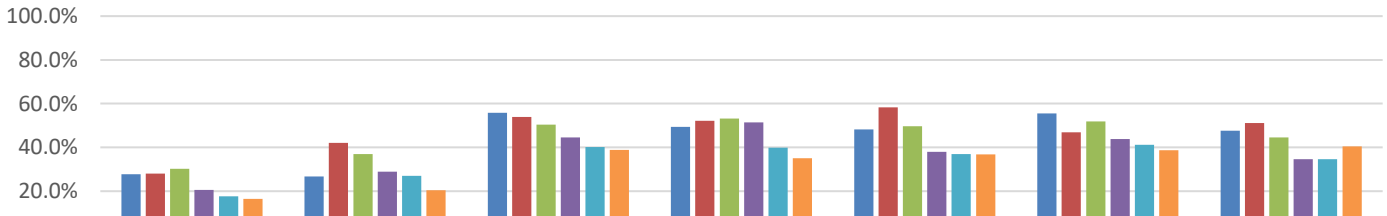
Figure 5: Past-month alcohol use among 19-25-year-olds in Nebraska by age, 2010-2020*



	19	20	21	22	23	24	25
2010	41.3%	45.0%	81.5%	80.9%	78.4%	78.5%	76.0%
2012	41.2%	54.1%	78.1%	75.9%	79.4%	76.8%	77.6%
2013	44.0%	52.3%	74.9%	76.4%	77.5%	80.8%	75.4%
2016	33.3%	53.8%	72.1%	79.7%	77.6%	78.7%	76.1%
2018	39.8%	45.9%	76.8%	71.1%	71.8%	81.0%	74.2%
2020	32.0%	38.6%	73.1%	68.3%	71.7%	71.0%	77.1%

*Percentage who reported having at least one alcoholic beverage during the 30 days preceding the survey.

Figure 6: Past-month binge drinking among 19-25-year-olds in Nebraska by age, 2010-2020*

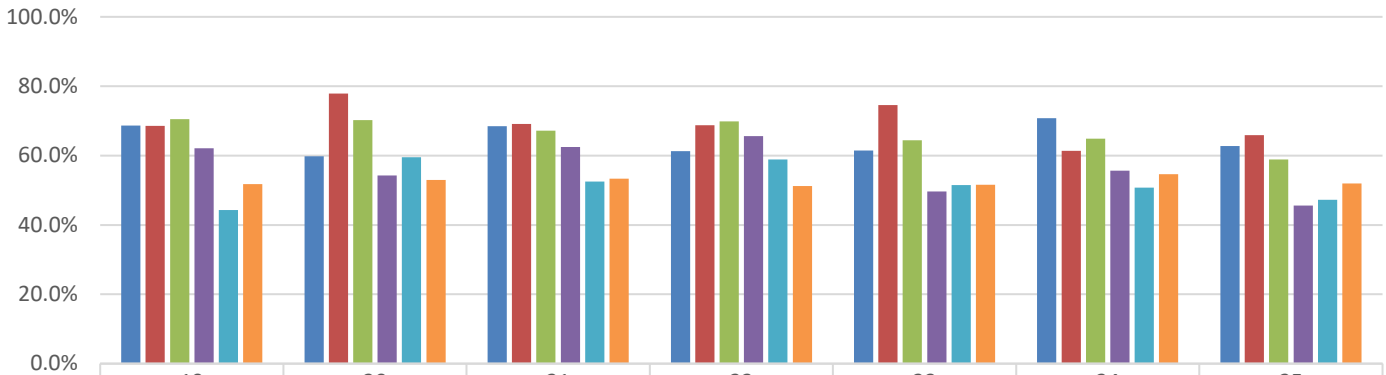


	19	20	21	22	23	24	25
2010	27.6%	26.6%	55.8%	49.4%	48.2%	55.5%	47.6%
2012	28.0%	42.1%	53.9%	52.1%	58.3%	46.9%	51.2%
2013	30.2%	37.0%	50.4%	53.2%	49.6%	51.9%	44.5%
2016	20.6%	28.9%	44.5%	51.5%	37.9%	43.8%	34.6%
2018	17.6%	27.0%	40.1%	39.9%	36.9%	41.2%	34.5%
2020	16.5%	20.4%	38.9%	35.0%	36.8%	38.7%	40.4%

*Percentage who reported having five or more drinks for men/four or more drinks for women within a couple of hours on at least one of the 30 days preceding the survey.

When looking at those who consumed alcohol in the past 30 days, their rates of binge drinking were higher compared to the overall rates (Figure 7).

Figure 7: Past-month alcohol users who binge drank among 19-25-year-olds in Nebraska by age, 2010-2020*

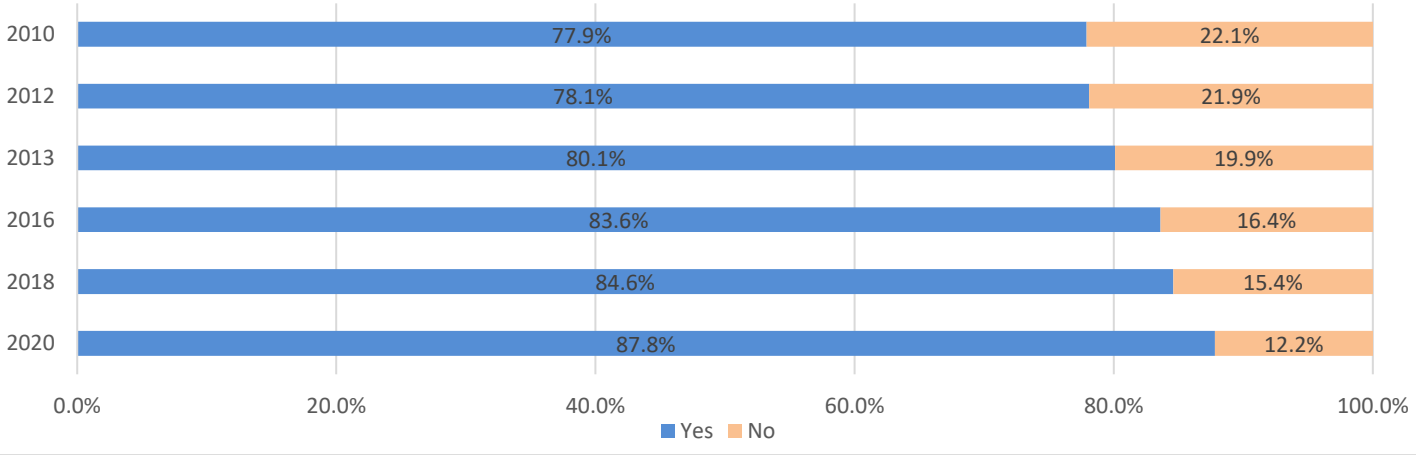


	19	20	21	22	23	24	25
2010	68.7%	59.8%	68.5%	61.3%	61.5%	70.8%	62.8%
2012	68.5%	77.9%	69.1%	68.8%	74.6%	61.3%	65.9%
2013	70.5%	70.2%	67.2%	69.8%	64.4%	64.9%	58.8%
2016	62.1%	54.3%	62.5%	65.6%	49.7%	55.7%	45.6%
2018	44.3%	59.5%	52.5%	58.9%	51.5%	50.8%	47.3%
2020	51.7%	53.0%	53.3%	51.3%	51.6%	54.7%	52.0%

*Percentage who reported having five or more drinks for men/four or more drinks for women within a couple of hours on at least one of the 30 days preceding the survey, among those who reported having at least one alcoholic beverage during the 30 days preceding the survey.

From 2010 to 2020, an upward trend was observed with regard to the percentage of past-month alcohol drinkers who were asked to show their ID the last time they bought or tried to buy alcohol in their community. In 2020, 87.8% of past-month alcohol users who bought or tried to buy alcoholic drinks in their community were requested to show their ID (Figure 8).

Figure 8: Past-month alcohol users were asked to show their ID the last time they bought or tried to buy alcohol in their community in Nebraska, 2010-2020*



*Percentage who reported they were asked to show their ID the last time they bought or tried to buy alcohol in their community among those who reported having at least one alcoholic beverage during the 30 days preceding the survey.

Trends

In 2020, the rate of past-month alcohol use reached a low point among each age group. The rate of past-month alcohol use for 19-20-year-olds (35.2%) was significantly lower than age mates in each previous year. The rate among 21-22-year-olds as well as 23-25-year-olds were both significantly lower than peers of the same age group from 2010 through 2016.

As for past-month binge drinking, in 2020, the rate of young adults age 19-20 (18.3%) was significantly smaller compared 2010 to 2016, which also held true for the 21-22 age group (36.9%). Whereas the younger age groups both reached a low point in 2020, the 23-25 cohorts saw a minor increase to 38.8% from 37.9% in 2018.

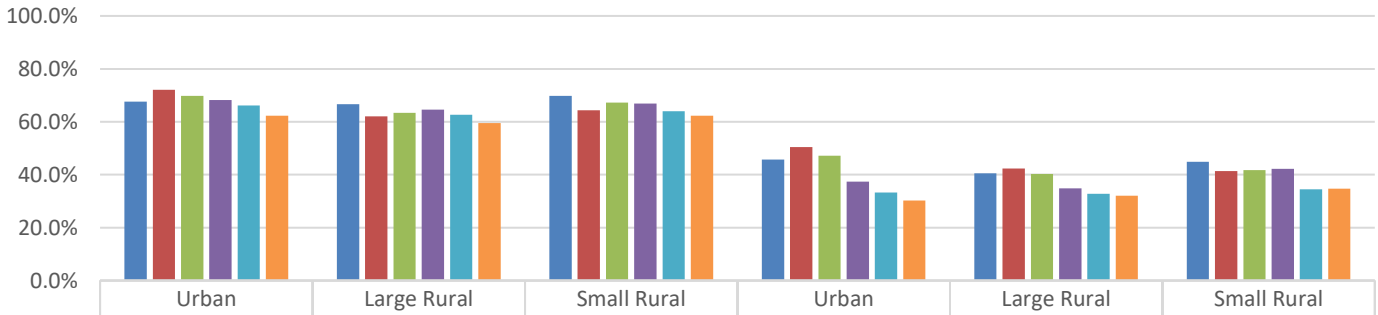
Among those 19-20 who drank alcohol in the past 30 days, those who binge drank had roughly consistent rates from 2010 to 2013, but in 2016 (57.2%) there was a significant decrease from 2013 (70.1%). The 2020 rate (52.5%) was significantly smaller than those of 2010, 2012, and 2013. Among youths age 21 to 22, the rate of 52.1% in 2020 was significantly smaller than years 2010 through 2016, and was also smaller than 2018 (55.3%). The percentage remained stable from 2016 to 2020 among 23-25-year-olds.

Urbanicity

2010-2020

Overall, both urban and rural residents have seen a decrease in past-month alcohol use as well as binge drinking from 2010 to 2020 albeit fluctuations (Figure 9). In 2020, respondents in urban areas reported a significantly lower rate of past-month alcohol use (62.2%) compared to their 2018 counterparts (66.2%). Young adults living in urban areas (30.2%) reported a significantly lower rate of binge drinking in the past month than those living in small rural areas (34.7%).

Figure 9: Past-month alcohol use* and binge drinking among 19-25-year-olds in Nebraska by urbanicity, 2010-2020**



	Past Month Alcohol Use			Past Month Binge Drinking		
	Urban	Large Rural	Small Rural	Urban	Large Rural	Small Rural
2010	67.6%	66.7%	69.8%	45.7%	40.5%	44.9%
2012	72.1%	62.1%	64.3%	50.4%	42.4%	41.4%
2013	69.8%	63.4%	67.2%	47.1%	40.3%	41.8%
2016	68.2%	64.6%	66.9%	37.4%	34.8%	42.2%
2018	66.2%	62.7%	64.0%	33.3%	32.8%	34.4%
2020	62.2%	59.5%	62.3%	30.2%	32.0%	34.7%

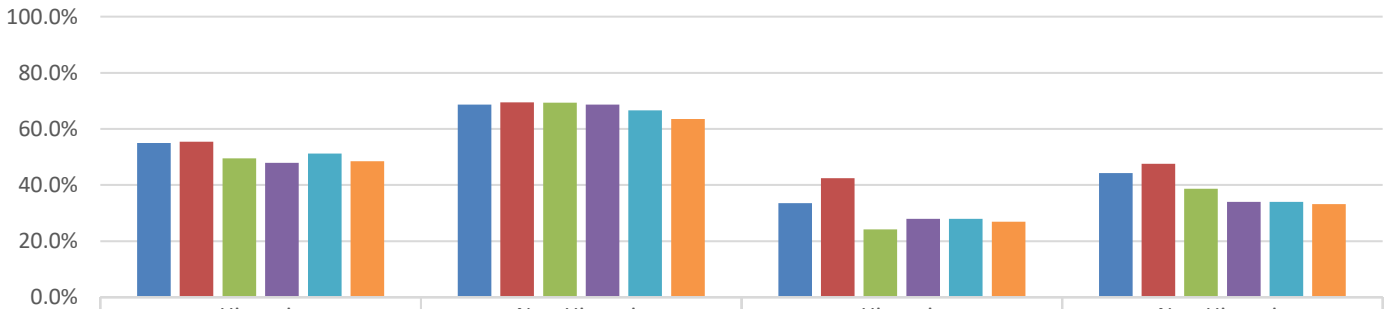
*Percentage who reported having at least one alcoholic beverage during the 30 days preceding the survey.
**Percentage who reported having five or more drinks for men/four or more drinks for women within a couple of hours on at least one of the 30 days preceding the survey.

Ethnicity

2010-2020

In 2020, young adults who are Hispanic (48.5%) reported significantly lower past-month alcohol use than non-Hispanics (63.5%). Similarly, Hispanics reported a significantly lower rate of past-month binge drinking (26.9%) than Non-Hispanics (33.2%). Among non-Hispanic respondents, the 2020 past-month alcohol use rate (63.5%) was significantly lower than any previous administrations (Figure 10).

Figure 10: Past-month alcohol use* and binge drinking** among 19-25 year olds in Nebraska by ethnicity, 2010-2020



	Past Month Alcohol Use		Past Month Binge Drinking	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
2010	55.0%	68.6%	33.5%	44.2%
2012	55.5%	69.5%	42.4%	47.6%
2013	49.5%	69.3%	24.2%	38.7%
2016	47.9%	68.6%	27.9%	34.0%
2018	51.2%	66.6%	27.9%	34.0%
2020	48.5%	63.5%	26.9%	33.2%

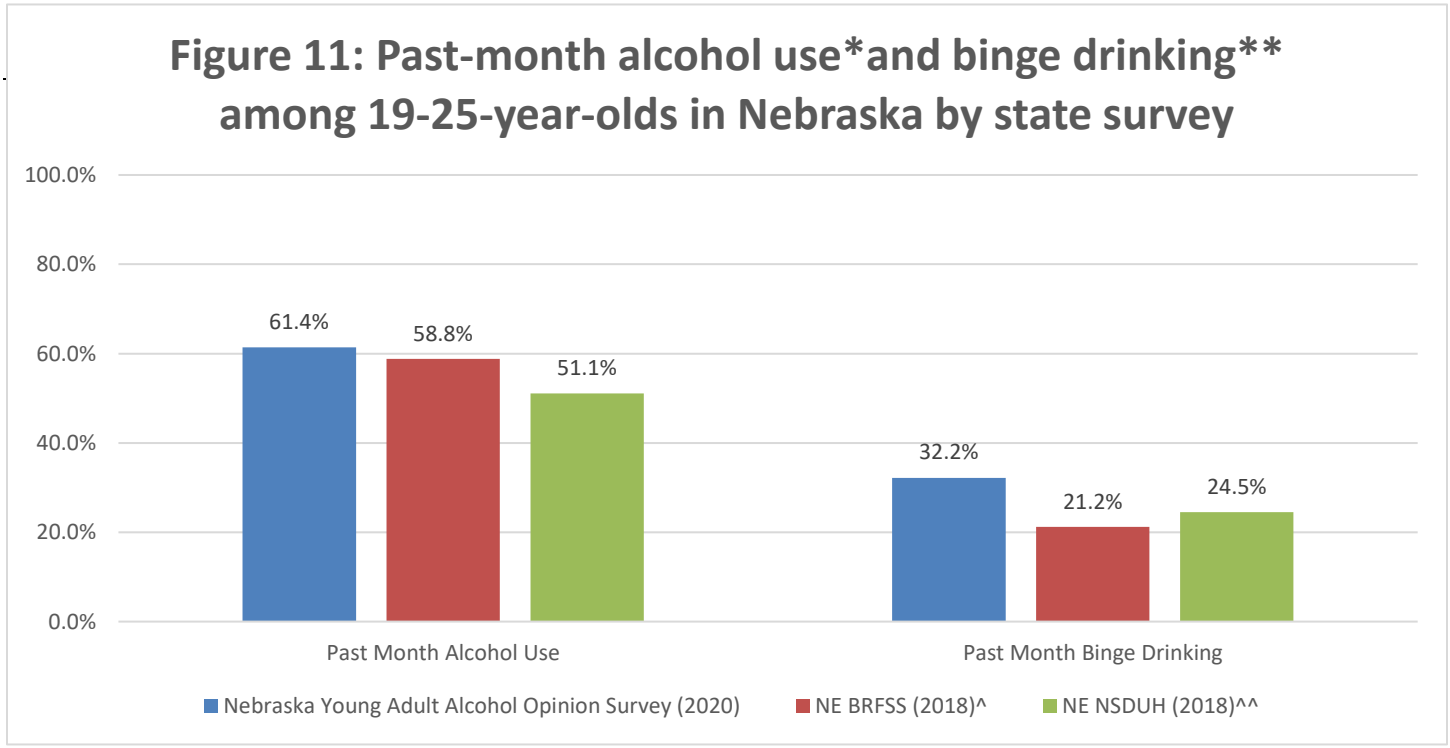
*Percentage who reported having at least one alcoholic beverage during the 30 days preceding the survey.
**Percentage who reported having five or more drinks for men/four or more drinks for women within a couple of hours on at least one of the 30 days preceding the survey.

Results Compared to Other Surveys of Young Adults

Past-month alcohol use result from the 2020 Nebraska Young Adult Alcohol Opinion Survey was similar to the estimate from the Nebraska Behavioral Risk Factor Surveillance System (NE BRFSS) 2018 survey, but was higher by more than ten percent than the Nebraska results from the National Survey on Drug Use and Health (NE NSDUH). Past-month binge drinking result from NYAAOS 2020 was higher than the BRFSS as well as the NSDUH results (Figure 11).

It should be noted that the BRFSS results were from 2018, and the NSDUH results were also from 2018.

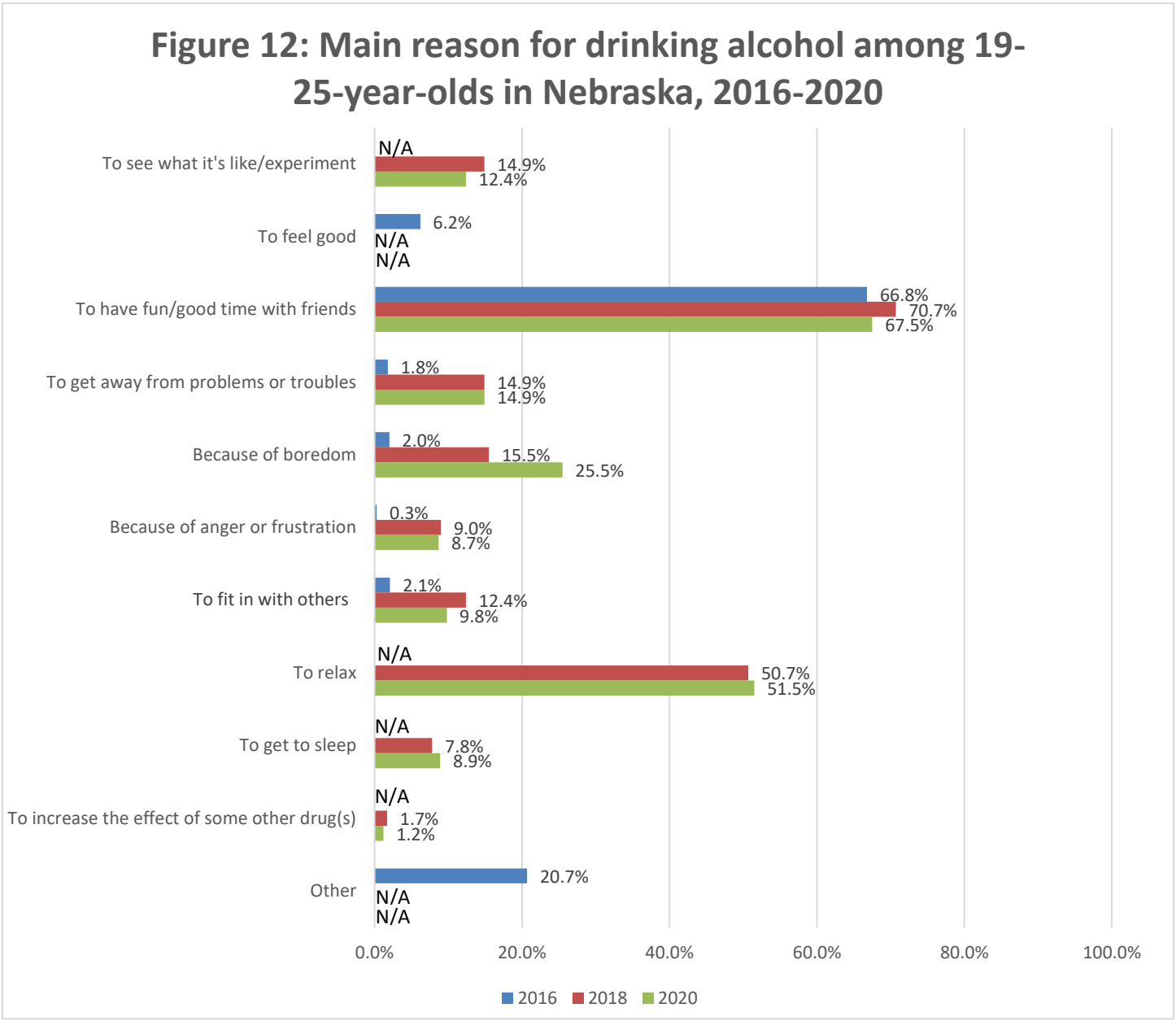
NSDUH is an annual face-to-face survey of persons 12 and older, and BRFSS is an annual telephone survey of persons 18 and older.



*Percentage who reported having at least one alcoholic beverage during the 30 days preceding the survey.
**Percentage who reported having five or more drinks for men/four or more drinks for women within a couple of hours on at least one of the 30 days preceding the survey (NYAAOS), five or more drinks for men/four or more drinks for women on at least one occasion during the 30 days preceding the survey (NE BRFSS), five or more drinks within a couple of hours on at least one of the 30 days preceding the survey (NE NSDUH).
^Estimate represents 18-24 -year-olds (not 19-25 -year-olds).
^^Estimate represents 18-25-year-olds (not 19-25-year-olds).

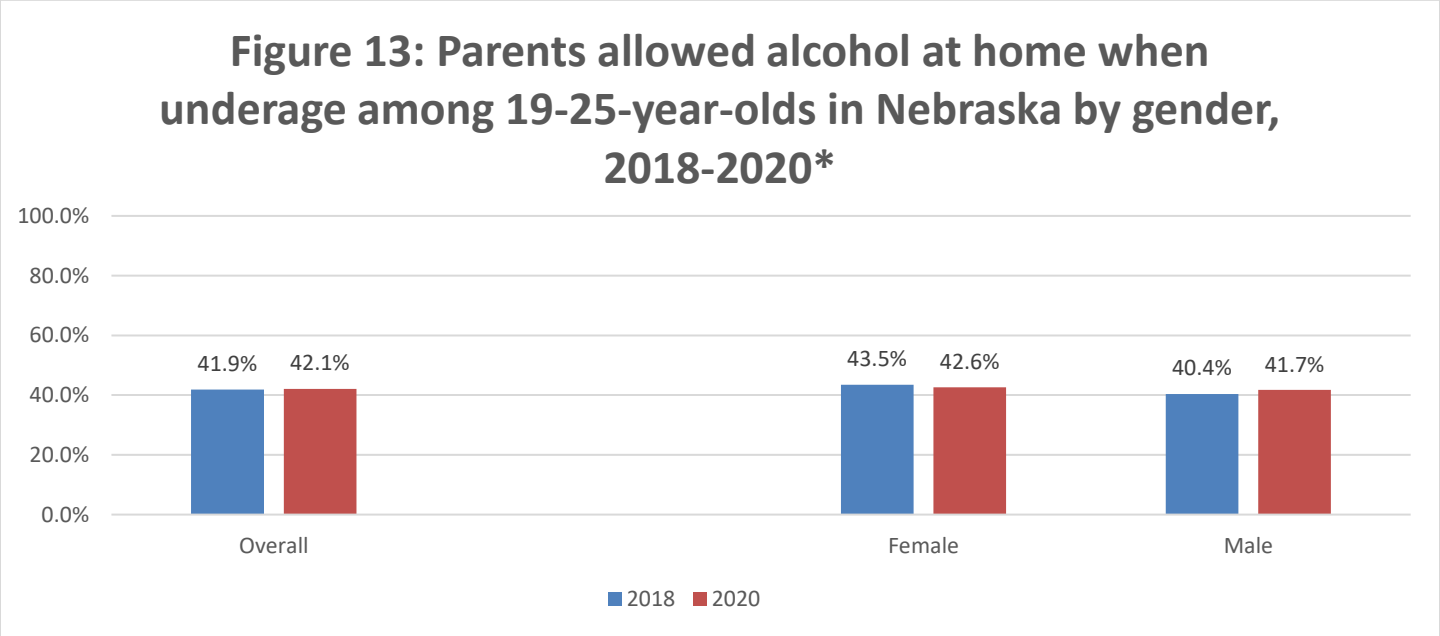
Main Reason for Drinking Alcohol

Since the 2016 administration, the survey asked respondents what the main reason was that they drank alcohol beverages. In all three years, more than two-thirds of respondents answered “to have a fun/good time with friends” (Figure 12). In 2018 and 2020, the same percentage of young adults (14.9%) reported significantly higher rates of “to get away from problems or troubles” than those in 2016 (1.8%). While respondents in 2018 reported a significantly higher rate of “because of boredom” (15.5%) compared to 2016 (2.0%), the prevalence of 2020 (25.5%) was another significant increase to 2018. Respondents in 2020 were also significantly less likely to consider “to experiment/see what it’s like” (12.4% in 2020, 14.9% in 2018); “to have fun with friends” (67.5% in 2020, 70.7% in 2018); as well as “to fit in with others” (9.8% in 2020, 12.4% in 2018) as reasons for their alcohol use.



Parents Allowed Underage Drinking at Home

Since 2016, NYAAOS asked respondents if while growing up their parents or caregivers allowed them to drink alcohol beverages in their home when they were underage. Because the question was asked differently on the 2018 and 2020 surveys, the data points obtained from the 2016 administration was no longer comparable. Therefore, the chart below only included data from the most recent administrations (Figure 13). The numbers by gender were very similar in both years and the rates were very close between years. Overall, slightly over two-fifths of youths (41.9% in 2018, 42.1% in 2020) indicated that alcohol use was never allowed at home by parents when they have not reached the legal age for alcohol drinking.



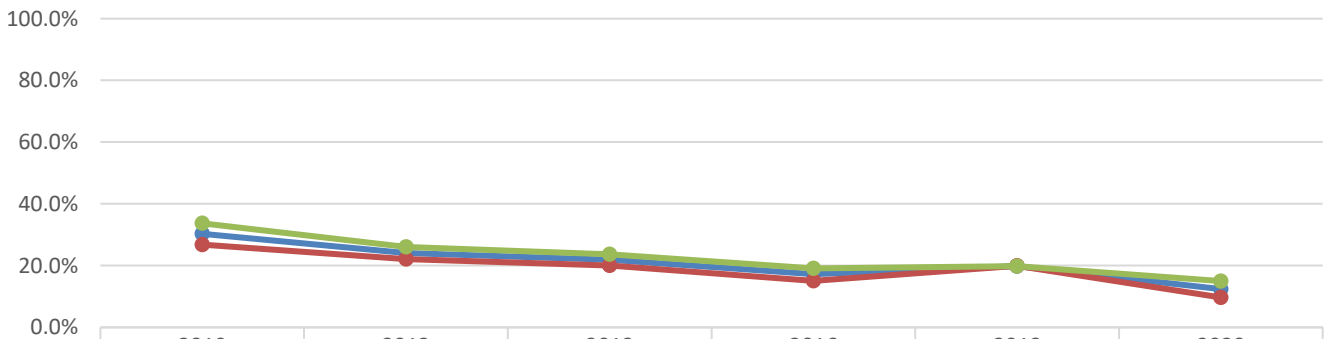
*Those who reported that while growing up their parents or caregivers allowed them to drink alcohol beverages in their home when they were underage.

Impaired Driving

Alcohol-Impaired Driving

The percentage of young adults who reported past-year driving under the influence of alcohol decreased from 30.3% in 2010 to 17.2% in 2016, increased in 2018 (19.8%, Figure 14), and decreased again in 2020 (12.4%) which was significantly smaller than all past years. When broken down by gender, in 2002, the past-year driving under the influence of alcohol was significantly smaller than all past administrations in each gender group (15.0% male; 9.7% female). Except 2018, males were significantly more likely than females to drive under the influence of alcohol each year.

Figure 14: Past-year alcohol-impaired driving among 19-25-year-olds in Nebraska by gender, 2010-2020*

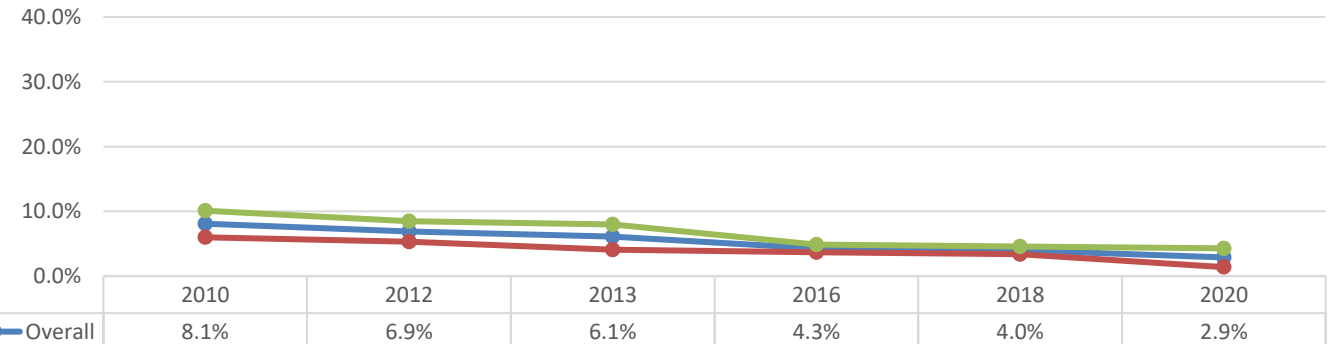


	2010	2012	2013	2016	2018	2020
Overall	30.3%	24.1%	21.9%	17.2%	19.8%	12.4%
Female	26.8%	22.1%	20.0%	15.1%	19.9%	9.7%
Male	33.7%	26.0%	23.7%	19.1%	19.8%	15.0%

*Percentage who reported that they drove a vehicle while under the influence of alcohol during the 12 months preceding the survey.

The percentage reporting past-month driving after binge drinking decreased slightly from 4.0% in 2018 to 2.9% in 2020. The overall rate of 2.9% in 2020 was significantly smaller than all prior administrations. Such number among females (1.4%) also was significantly lower than all previous years. With the exception of 2016 and 2018, young males were significantly more likely than female counterparts to drive after binge drinking (Figure 15).

Figure 15: Past-month driving after binge drinking among 19-25-year-olds in Nebraska by gender, 2010-2020*

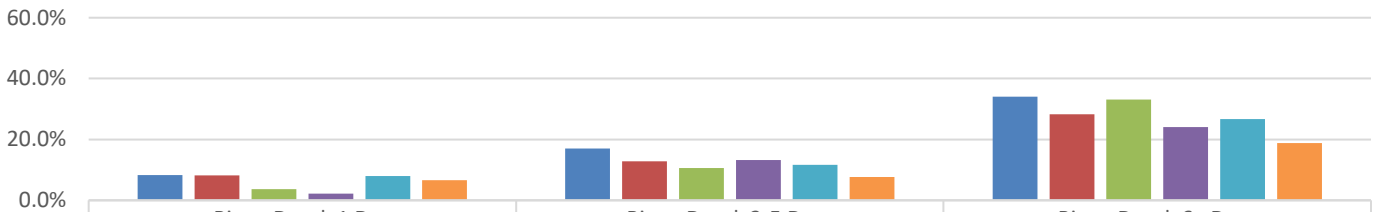


	2010	2012	2013	2016	2018	2020
Overall	8.1%	6.9%	6.1%	4.3%	4.0%	2.9%
Female	6.0%	5.3%	4.1%	3.7%	3.4%	1.4%
Male	10.1%	8.5%	8.0%	4.9%	4.6%	4.3%

*Percentage who reported that they drove after consuming five drinks of alcohol for males/four drinks for females within a couple of hours during the 30 days preceding the survey.

The rate of past-month driving after binge drinking among respondents increases dramatically with the number of reported days of binge drinking. In 2020, approximately one in five (18.8%) young adults who reported binge drinking six or more days in the past month also reported driving after binge drinking over the same period of time. Only 6.6% of young adults who reported binge drinking one day in the past month also reported driving after binge drinking in that past month (Figure 16). In 2010, 2013, and 2016, the percentage varied significantly across each pair of categories as the days of binge drinking went up. In 2012, 2018, and 2020, the rate of past-month driving after binge drinking under the "one day" or "2-5 days" groups were both significantly smaller than the "6+ days" category while no statistically significant differences were observed between these lower categories.

Figure 16: Past-month driving after binge drinking by frequency of binge drinking among 19-25-year-olds in Nebraska, 2010-2020*

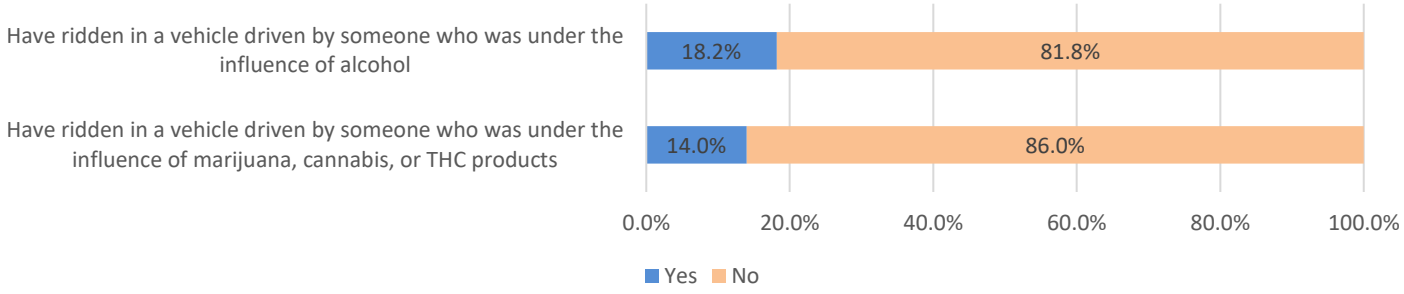


	Binge Drank 1 Day	Binge Drank 2-5 Days	Binge Drank 6+ Days
2010	8.3%	17.0%	34.1%
2012	8.2%	12.8%	28.2%
2013	3.7%	10.6%	33.1%
2016	2.2%	13.2%	24.1%
2018	8.0%	11.7%	26.7%
2020	6.6%	7.6%	18.8%

*Percentage who reported that they drove after consuming five drinks of alcohol for males/four drinks for females within a couple of hours during the 30 days preceding the survey.

The 2020 administration asked if respondents have ridden in a vehicle driven by someone who was under the influence of alcohol or marijuana, cannabis, or THC products in the past 12 months. While one out of seven respondents reported they have ridden in a vehicle driven by someone who used marijuana and similar products before driving (14.0%), more respondents (18.2%) reported riding in a vehicle driven by someone who was under the influence of alcohol (Figure 17).

Figure 17: Have ridden in a vehicle driven by someone under the influence of alcohol or marijuana, cannabis, or THC products among 19-25-year-olds in Nebraska, 2020*



*Percentage who reported that they have ridden in a vehicle driven by someone under the influence of alcohol/marijuana, cannabis, or THC products in the past 12 months prior to the survey.

Demographic Differences in Alcohol-Impaired Driving

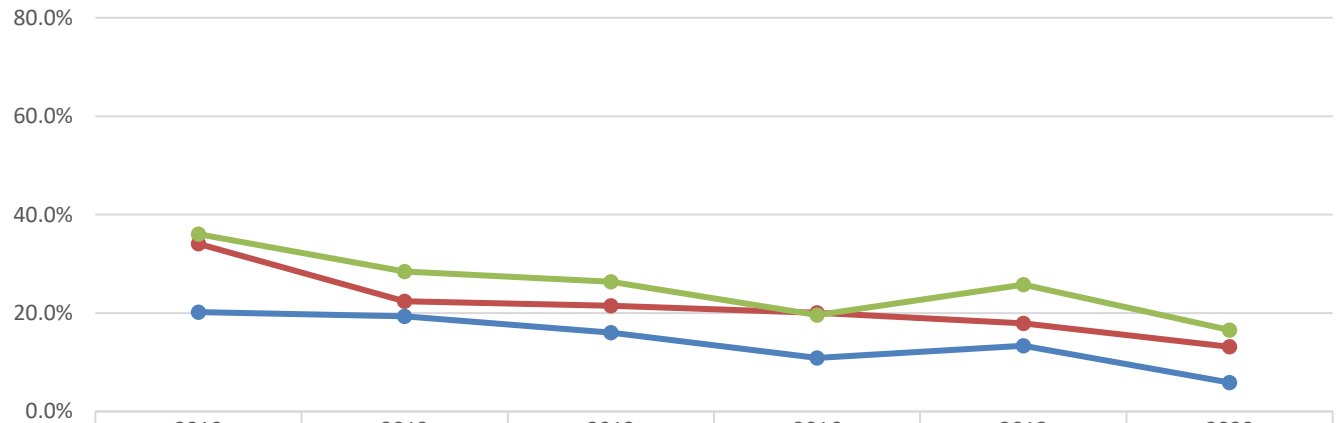
Gender

As previously mentioned, over the course of six administrations in a row, males are more likely to report past-month driving after binge drinking and past-year driving under the influence of alcohol (except 2018).

Age

For 19-20-year-olds and 23-25-year-olds, the rates of driving after alcohol use increased in 2018 after an overall decline from 2010 to 2016. However, in 2020 the rate within each age category reached a bottom point over the course of six administration. For 21-22-year-olds, the rates of driving after alcohol use followed a solid declining trend whereas the other two age groups also witnessed an overall decreasing trend except for the increase that occurred in 2018 (Figure 18). The rate of driving after alcohol use among 19-20-year-olds (5.9%) in 2020 was significantly lower than all previous administrations, which was also true for 21-22-year-olds (13.1%) as well as 23-25-year-olds (16.6%). An overall statistically significant difference was found across age groups in each year under comparison and in 2020 the 21-22 age group (13.1%) reported a significantly higher rate of driving after alcohol use than the youngest group (5.9%) and the 23-25 cohorts (16.6%) were also significantly higher than the two younger groups.

Figure 18: Past-year alcohol-impaired driving among 19-25-year-olds in Nebraska by age, 2010-2020*

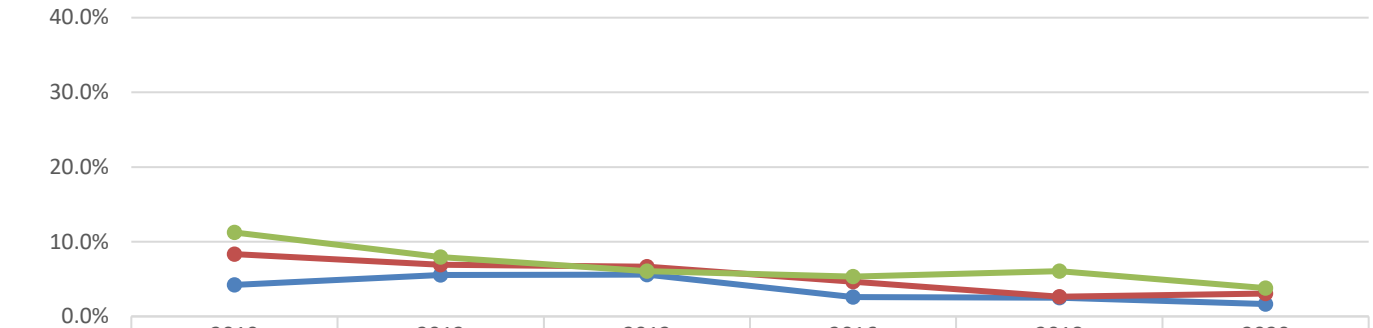


	2010	2012	2013	2016	2018	2020
19-20	20.2%	19.3%	16.0%	10.9%	13.4%	5.9%
21-22	34.1%	22.4%	21.5%	20.0%	17.9%	13.1%
23-25	36.0%	28.4%	26.4%	19.6%	25.8%	16.6%

*Percentage who reported that they drove a vehicle while under the influence of alcohol during the 12 months preceding the survey.

The rates of driving after binge drinking followed a downward trend overall despite fluctuations. For 19-20-year-olds, the rate in 2016 (2.6%) decreased significantly from that in 2013 (5.6%). In 2020, such rate among 23-25-year-olds (3.8%) was significantly lower than that of 2018 (6.1%). In 2020, the rate by the youngest age group (1.7%) differed significantly from the oldest peers (3.8%, Figure 19).

Figure 19: Past-month driving after binge drinking among 19-25-year-olds in Nebraska by age, 2010-2020*

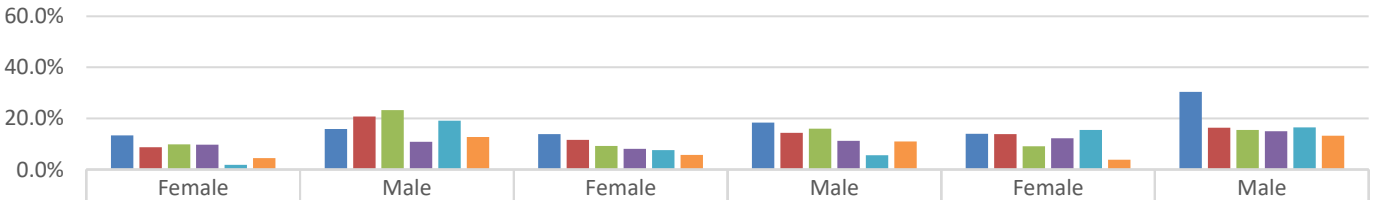


	2010	2012	2013	2016	2018	2020
19-20	4.2%	5.5%	5.6%	2.6%	2.5%	1.7%
21-22	8.3%	6.9%	6.6%	4.6%	2.6%	3.1%
23-25	11.2%	7.9%	6.0%	5.3%	6.1%	3.8%

*Percentage who reported that they drove after consuming five drinks of alcohol for males/four drinks for females within a couple of hours during the 30 days preceding the survey.

When looking at just those who reported binge drinking in the past month, females age 19-20 in 2018 had a significantly lower rate of driving after binge drinking (1.9%) compared to the prior administrations while such rate increased to 4.5% in 2020. Males age 21-22 also had a significantly lower rate than the earlier administrations (5.6%) in 2018 but the percentage rose to 11.0% in 2020. For female past-month binge drinkers in the 23-25 age group, the proportion of driving after binge drinking reduced significantly (3.8%) from 2018 (15.5%, Figure 20).

Figure 20: Binge drinkers who drove after binge drinking during the past month among 19-25-year-olds in Nebraska by age and gender, 2010-2020*



	19-20		21-22		23-25	
	Female	Male	Female	Male	Female	Male
2010	13.3%	15.8%	13.9%	18.4%	14.0%	30.4%
2012	8.8%	20.8%	11.6%	14.4%	13.8%	16.4%
2013	9.8%	23.2%	9.3%	16.0%	9.2%	15.5%
2016	9.7%	10.9%	8.1%	11.3%	12.3%	15.0%
2018	1.9%	19.2%	7.6%	5.6%	15.5%	16.6%
2020	4.5%	12.8%	5.7%	11.0%	3.8%	13.3%

*Percentage who reported that they drove shortly after consuming five drinks of alcohol for males/four drinks for females during the 30 days preceding the survey, among those who reported binge drinking during the 30 days preceding the survey.

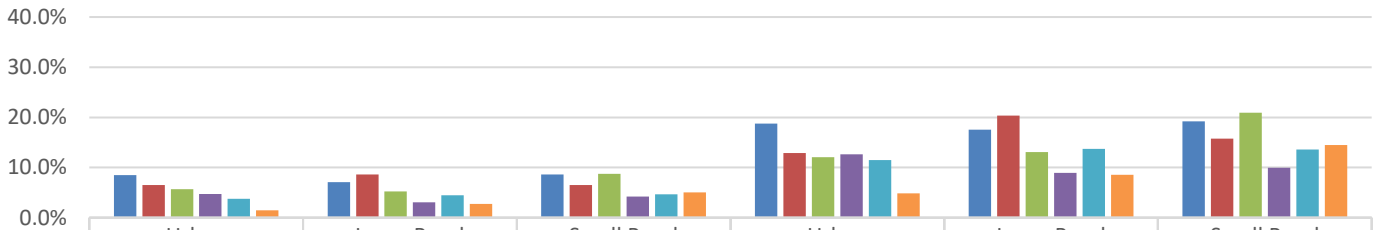
Urbanicity

Overall, in all six administrations of the survey, there was no significant difference across urban, large rural, and small rural in the past five surveys for past-month driving after binge drinking. However, in 2020, those from small rural areas reported a significantly higher rate of past-month driving after binge drinking (5.0%) than urban (1.5%) and large rural residents (2.7%) (Figure 21).

Among past-month binge drinkers, an overall significant group difference was found in 2012, 2013, and 2020. In 2020 specifically, similar to the results observed with the overall binge driving rate by urbanicity, residents living in small rural areas (14.5%) reported a significantly higher rate of past-month binge driving versus those in urban (4.8%) or large rural areas (8.5%).

In 2020, urban respondents reported a significantly lower percentage of driving after binge drinking in the past month (1.5%) compared to peers in 2018 (3.7%). Furthermore, among past-month binge drinkers, 2020 urban respondents reported a markedly significantly lower rate of such behavior (4.8%) as opposed to counterparts in 2018 (11.5%). Urban residents reported a significantly lower rate (1.5%) versus folks living in small rural areas (5.0%) among all residents.

Figure 21: Past-month driving after binge drinking among 19-25-year-olds in Nebraska by urbanicity, 2010-2020



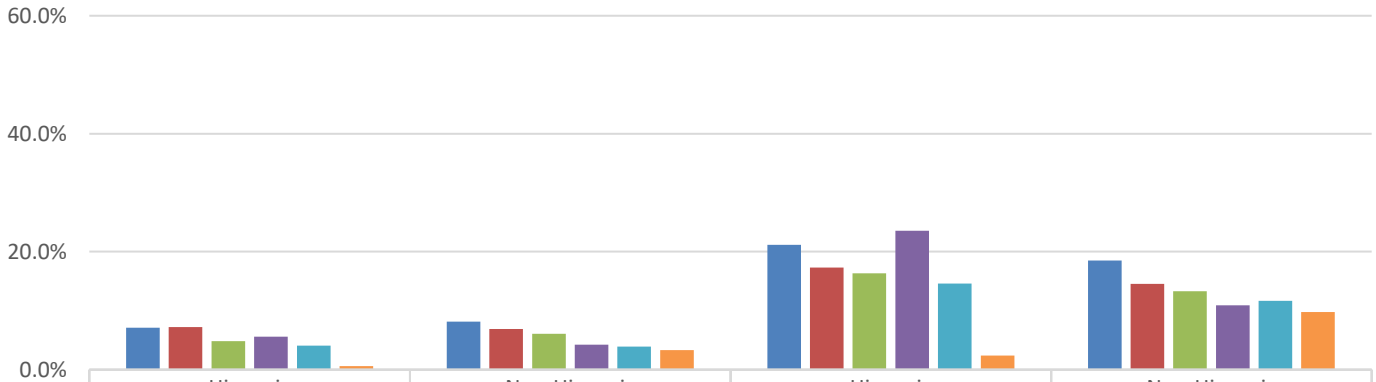
	Among All Respondents*			Among Past Month Binge Drinkers**		
	Urban	Large Rural	Small Rural	Urban	Large Rural	Small Rural
2010	8.5%	7.1%	8.6%	18.7%	17.5%	19.2%
2012	6.5%	8.6%	6.5%	12.9%	20.4%	15.8%
2013	5.7%	5.3%	8.7%	12.1%	13.1%	20.9%
2016	4.7%	3.1%	4.2%	12.7%	8.9%	9.9%
2018	3.7%	4.5%	4.7%	11.5%	13.7%	13.6%
2020	1.5%	2.7%	5.0%	4.8%	8.5%	14.5%

*Percentage who reported that they drove shortly after consuming five drinks of alcohol for males/four drinks for females during the 30 days preceding the survey.
**Percentage who reported that they drove shortly after consuming five drinks of alcohol for males/four drinks for females during the 30 days preceding the survey, among those who reported binge drinking during the 30 days preceding the survey.

Ethnicity

In 2020, Hispanic adults in the state as a whole reported a significantly lower rate of driving after binge drinking (0.6%) than non-Hispanic youths in 2010 to 2018 (Figure 22). In addition, the rate of 2.4% among Hispanic past-month binge drinkers was also significantly lower than all those previous administrations. In 2020, non-Hispanic binge drinkers who drove after binge drinking (9.8%) were significantly more than Hispanic binge drinkers (2.4%) and such difference was also significant between the general population.

Figure 22: Past-month driving after binge drinking among 19-25-year-olds in Nebraska by ethnicity, 2010-2020



	Among All Respondents*		Among Past Month Binge Drinkers **	
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
2010	7.1%	8.2%	21.2%	18.5%
2012	7.2%	6.9%	17.3%	14.6%
2013	4.9%	6.1%	16.4%	13.3%
2016	5.6%	4.2%	23.5%	10.9%
2018	4.1%	3.9%	14.6%	11.7%
2020	0.6%	3.3%	2.4%	9.8%

*Percentage who reported that they drove shortly after consuming five drinks of alcohol for males/four drinks for females during the 30 days preceding the survey.
**Percentage who reported that they drove shortly after consuming five drinks of alcohol for males/four drinks for females during the 30 days preceding the survey, among those who reported binge drinking during the 30 days preceding the survey.

Marijuana-Impaired Driving

Since 2016, the NYAAOS asked respondents if they have driven a vehicle under the influence of marijuana in the past 12 months.

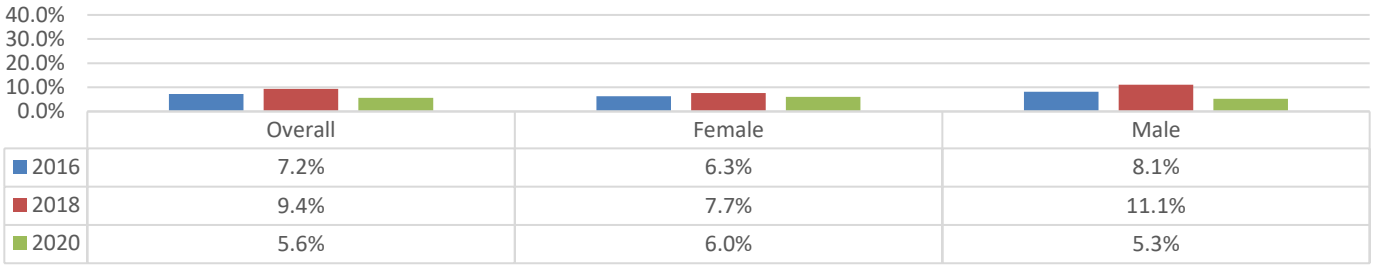
Demographic Differences in Marijuana-Impaired Driving

Gender

2016-2020

In 2020, 5.6% of respondents said they drove under the influence of marijuana, which was significantly lower than 2018 (9.4%). In addition, males also reported a significantly lower rate of driving under the influence of marijuana in past year (5.3%) compared to 2018 (11.1%) (Figure 23). In both 2016 and 2018, males were significantly more likely than females to report marijuana-impaired driving for the past year.

Figure 23: Past-year driving under the influence of marijuana among 19-25-year-olds in Nebraska by gender, 2016-2020*



	Overall	Female	Male
2016	7.2%	6.3%	8.1%
2018	9.4%	7.7%	11.1%
2020	5.6%	6.0%	5.3%

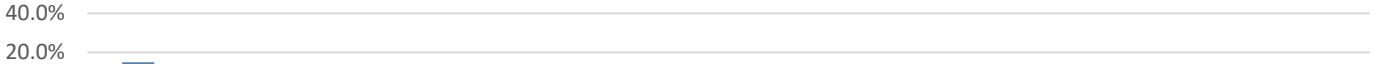
*Percentage who reported that they drove a vehicle while under the influence of marijuana during the 12 months preceding the survey.

Age

2016-2020

In 2020, 24 year olds were the most likely (7.3%) to report driving under the influence of marijuana in the past year while those age 25 were the least likely (3.8%) to report doing so. In 2020, young adults age 19, 21, 22, and 25 reported significantly lower rates of past-year driving under the influence of marijuana compared to others their age in 2018 (Figure 24).

Figure 24: Past-year driving under the influence of marijuana among 19-25-year-olds in Nebraska by age, 2016-2020*

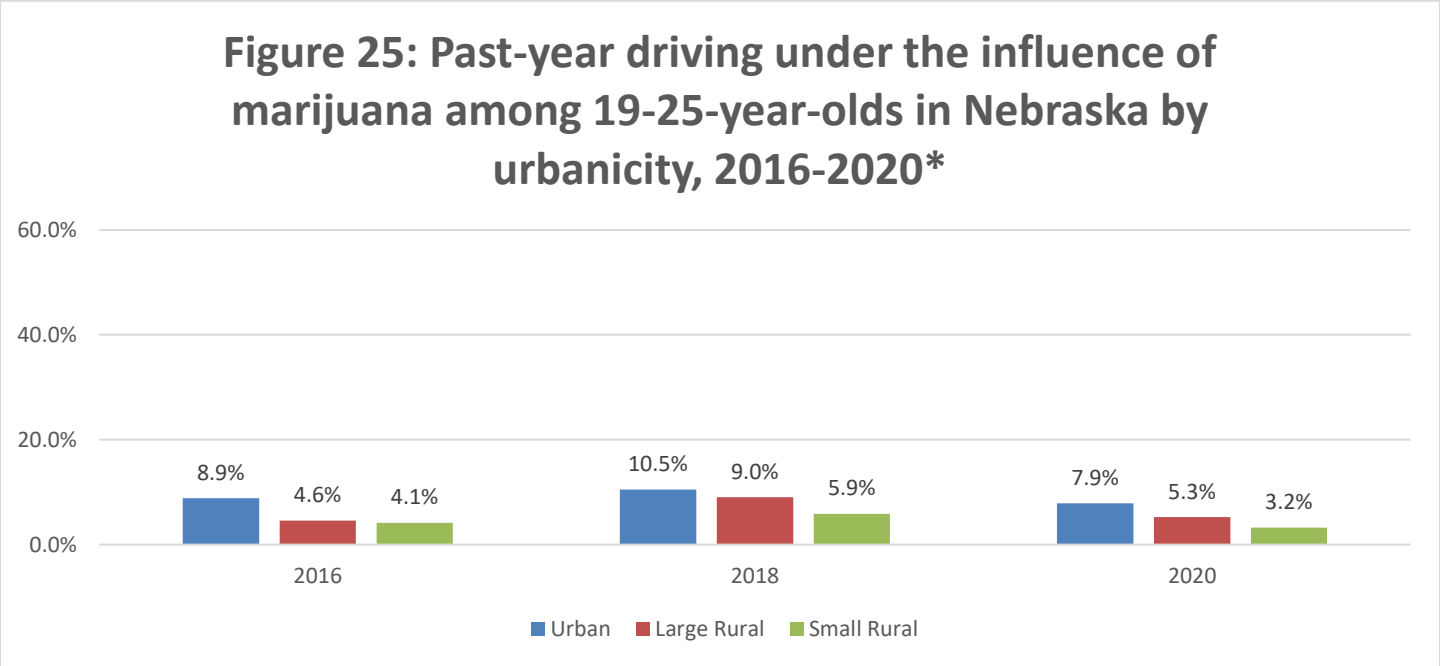


	19	20	21	22	23	24	25
2016	15.0%	6.4%	3.9%	8.1%	6.7%	4.8%	5.6%
2018	10.4%	9.6%	10.6%	10.0%	7.9%	10.0%	6.9%
2020	6.1%	6.1%	6.1%	4.6%	5.5%	7.3%	3.8%

*Percentage who reported that they drove a vehicle while under the influence of marijuana during the 12 months preceding the survey.

Urbanicity

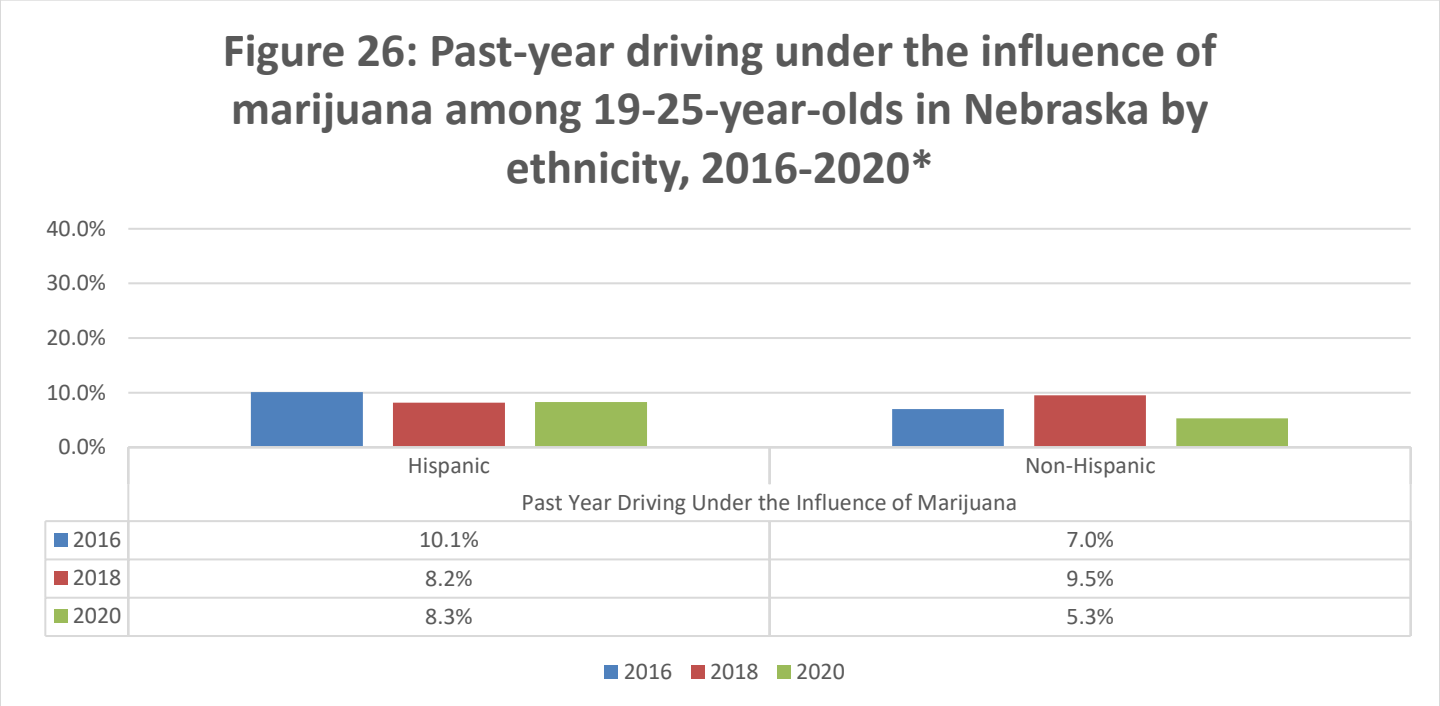
In 2020, urban respondents were significantly more likely (7.9%) than large rural (5.3%) and small rural (3.2%) respondents to report marijuana-impaired driving in the past year. The gap between large rural and small rural residents was also found statistically significant in 2020. In each residential area group, the percentage in 2020 was significantly lower than that of 2018 (Figure 25).



*Percentage who reported that they drove a vehicle while under the influence of marijuana during the 12 months preceding the survey.

Ethnicity

In 2018 and 2020, Hispanic respondents reported comparable rates of marijuana-impaired driving in the past year (8.2% in 2018, 8.3% in 2020). In 2020, non-Hispanic respondents reported a significantly lower rate of past-year driving under the influence of marijuana (5.3%) compared to non-Hispanic respondents in 2018 (9.5%) (Figure 26).



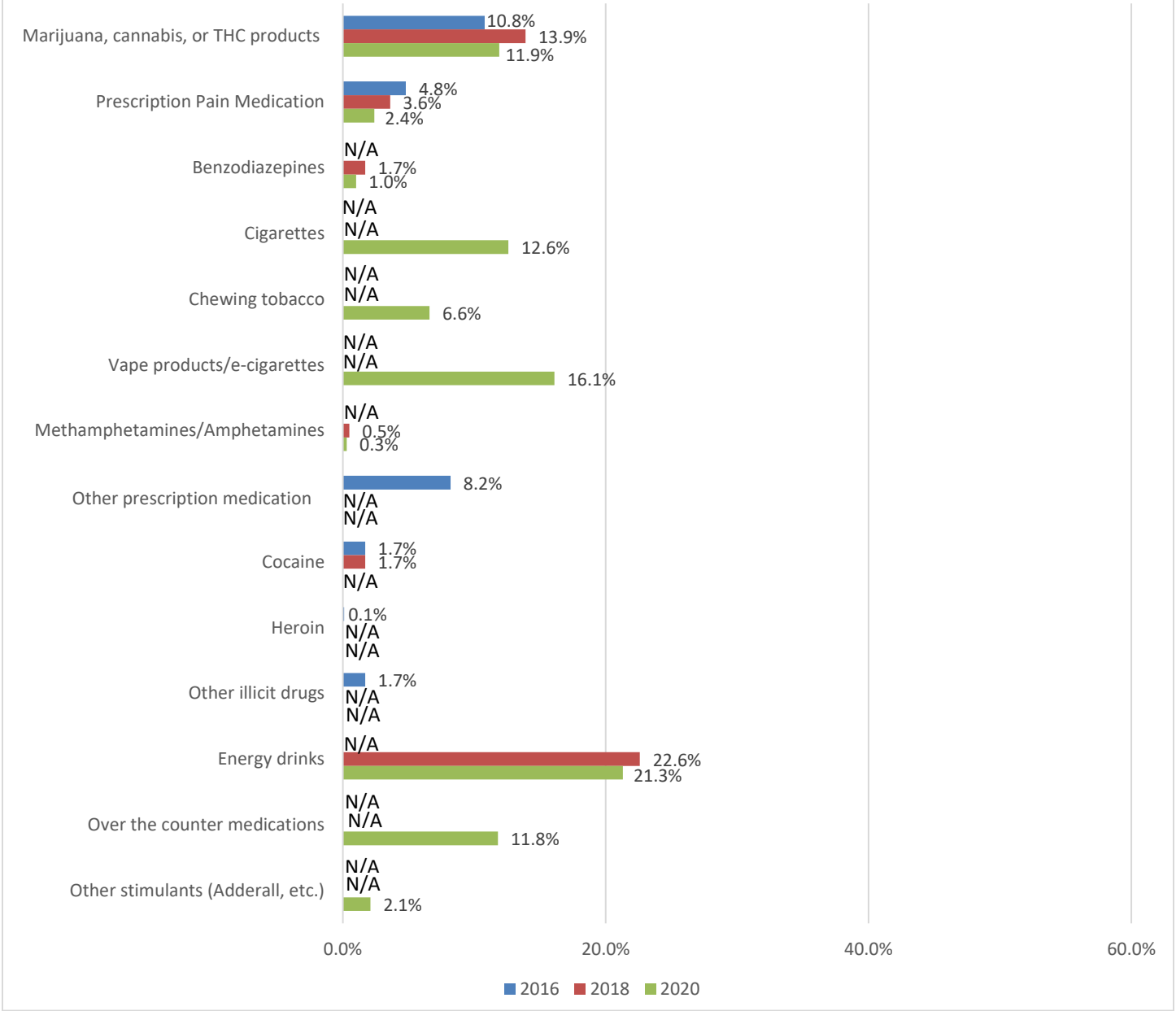
*Percentage who reported that they drove a vehicle while under the influence of marijuana during the 12 months preceding the survey.

Alcohol Use with Other Substances

Past-Year Alcohol Use Mixed with Other Substances

The 2016 NYAAOS asked respondents if they have taken certain substances while they were consuming alcohol in the past 12 months. In all three years, over ten percent of young adults reported using marijuana, cannabis, or THC products while drinking alcohol in the past 12 months (10.8% in 2016; 13.9% in 2018; 11.9% in 2020). Energy drinks, which was first asked in 2018, also had over one-fifth of users in 2018 (22.6%) and 2020 (21.3%). A small proportion of respondents reported using prescription pain medication in each year and 1.7% of respondents reported using cocaine in 2018 and 2020, respectively. Tobacco products were also commonly used by respondents in 2020 (Figure 27).

Figure 27: Past-year use of other substances while consuming alcohol among 19-25-year-olds in Nebraska, 2016-2020*

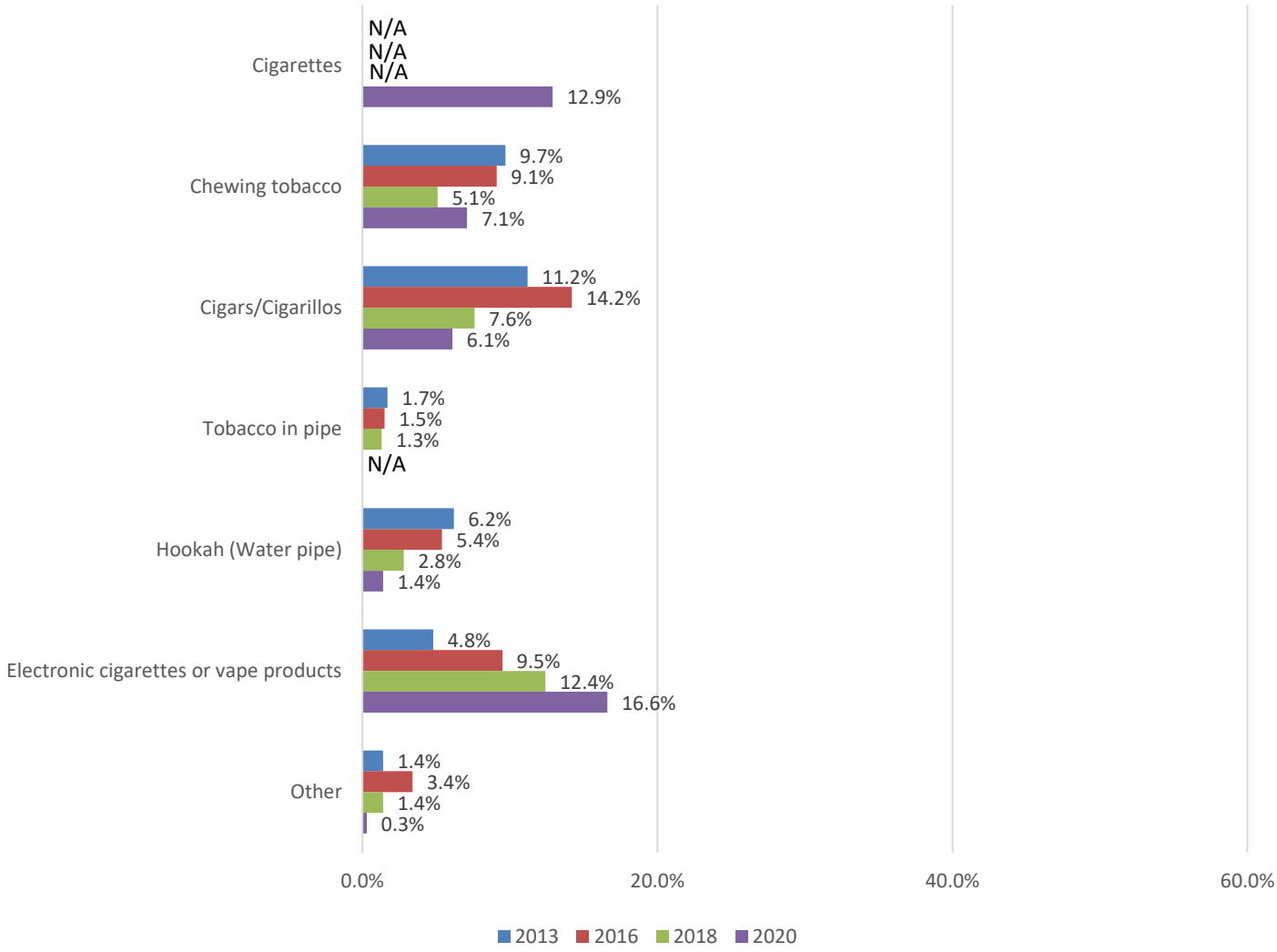


*Percentage who reported that they took the listed substances while drinking alcohol during the 12 months preceding the survey.

Past-Month Other Tobacco Products Use

Compared to 2018 (5.1%), young adults in 2020 reported significantly higher use of chewing tobacco (7.1%). While the reported use of hookah (1.4%), cigars/cigarillos (6.1%), and other products (0.3%) was each significantly lower than all previous years' data points. The consumption of electronic cigarettes or vape products, on the contrary, increased significantly in the most recent three administrations. A significant increase took place in 2016, followed by another one in 2018 and one in 2020, making the rate from 4.8% in 2013 to 16.6% in 2020 (Figure 28).

Figure 28: Past-month use of other tobacco products among 19-25-year-olds in Nebraska, 2013-2020*



*Percentage who reported using other tobacco products (Chewing tobacco, Cigars/Cigarillos, Tobacco in Pipe, Hookah (Water Pipe), Electronic Cigarettes, Other) in the past 30 days preceding the survey.

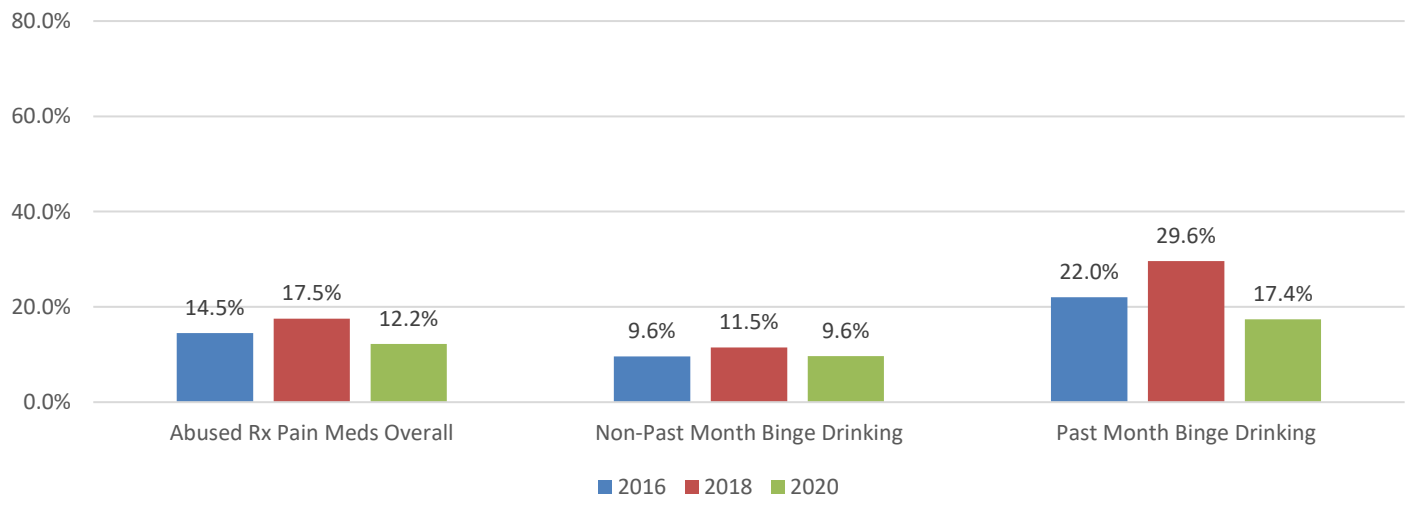
Past-Month Binge Drinking and Prescription Pain Killer Use without a Doctor's Prescription

Since 2016, NYAAOS asked respondents how many times in their lifetime they have taken a prescription pain medication without a doctor's prescription or have taken it differently than how the doctor told them to use it. In 2020, both the overall rate and the rates by past-month binge drinking status went down from 2018. In 2020, slightly above one in ten youths (12.2%) reported using prescription pain medications without a doctor's prescription or differently than how they were supposed to be used. The percentage was the same among those who did not binge drink in the past-month (9.6%) as 2016.

The overall rate in 2020 (12.2%) was significantly lower than that of 2018 (17.5%), and the past-month binge drinkers in 2020 (17.4%) also had a significantly lower rate of prescription pain medication abuse compared to the past-month binge drinkers in 2016 (22.0%) and 2018 (29.6%) (Figure 29).

Prescription drug abuse was significantly higher among past-month binge drinkers compared to those who did not binge drink in past month in all three years of administration.

Figure 29: Lifetime prescription pain medication abuse* compared with past-month binge drinking among 19-25-year-olds in Nebraska , 2016-2020**



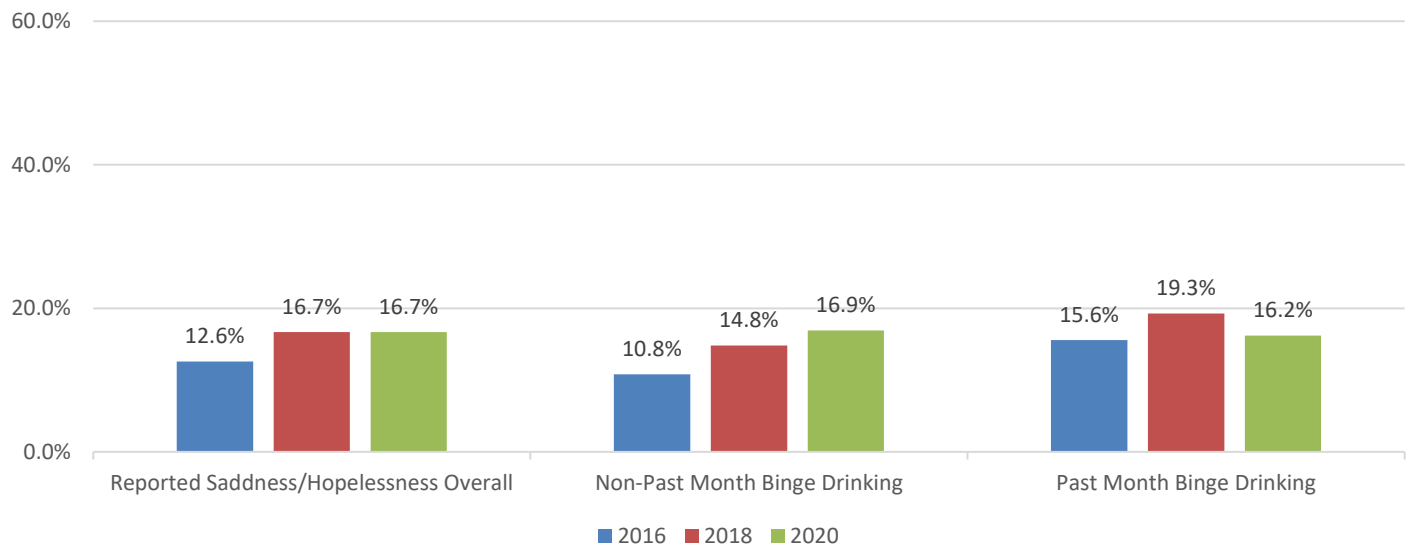
*Those who reported that during their life they have taken prescription pain medicine (such as codeine, Vicodin, OxyContin, Hydrocodone or Percocet) one or more times without a doctor's prescription or differently than how the doctor told them to use it.
**Those who reported having/not having five or more drinks for men/four or more drinks for women within a couple of hours on at least one of the 30 days preceding the survey.

Binge Drinking, Depression and Suicidal Ideation

Past-Month Binge Drinking and Depression Symptoms

Since 2016, the NYAAOS asked respondents if in the past year they have felt so sad or hopeless for almost every day for two weeks or more in a row that they stopped doing some usual activities. In 2018 and 2020, about one in six young adults (16.7%) reported feeling sad or hopeless in the past year. While those who did not binge drink in the past month reported a slightly higher rate of depression symptoms in 2020 (16.9%) versus binge drinkers (16.2%), in 2018 and 2016, depression symptoms were significantly higher among past-month binge drinkers than those who did not binge drink in past month (Figure 30).

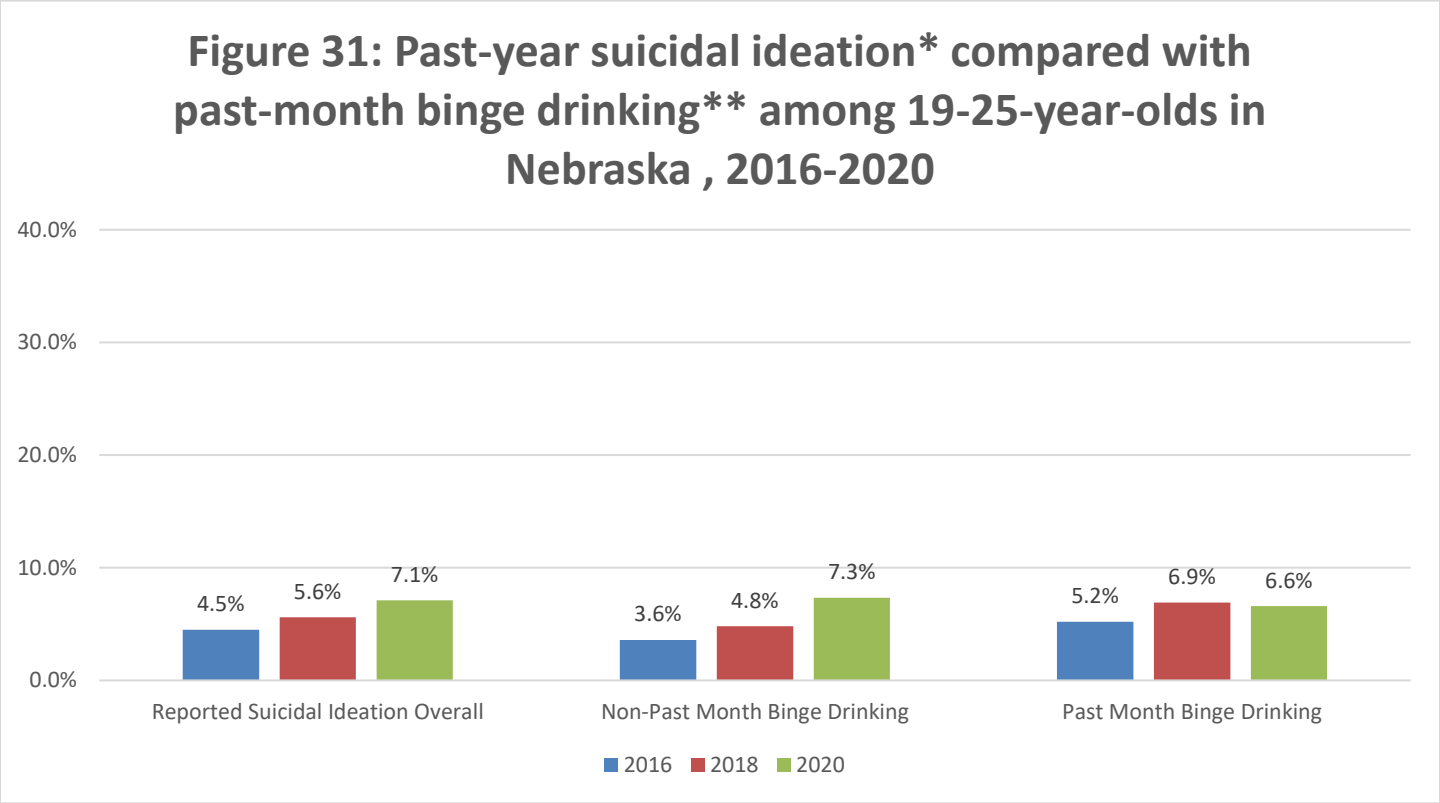
Figure 30: Past-year sadness/hopelessness in last year* compared with past-month binge drinking among 19-25-year-olds in Nebraska , 2016-2020**



*Those who reported that in the past 12 months they have felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.
**Those who reported having/not having five or more drinks for men/four or more drinks for women within a couple of hours on at least one of the 30 days preceding the survey.

Past-Month Binge Drinking and Suicidal Ideation

Since 2016, NYAAOS asked respondents if in the past year they seriously considered attempting suicide. In 2020, 7.1% reported suicidal ideations in the past year, which was significantly higher than the rates of 2016 (4.5%) and 2018 (5.6%). In addition, the rate of 7.3% among non-past month binge drinkers was also significantly higher than both 2016 (3.6%) and 2018 (4.8%). Statistically significant difference was only found in 2016 between past-month binge drinkers and their counterparts (Figure 31).



*Those who reported that in the past 12 months they seriously considered attempting suicide
**Those who reported having/not having five or more drinks for men/four or more drinks for women within a couple of hours on at least one of the 30 days preceding the survey

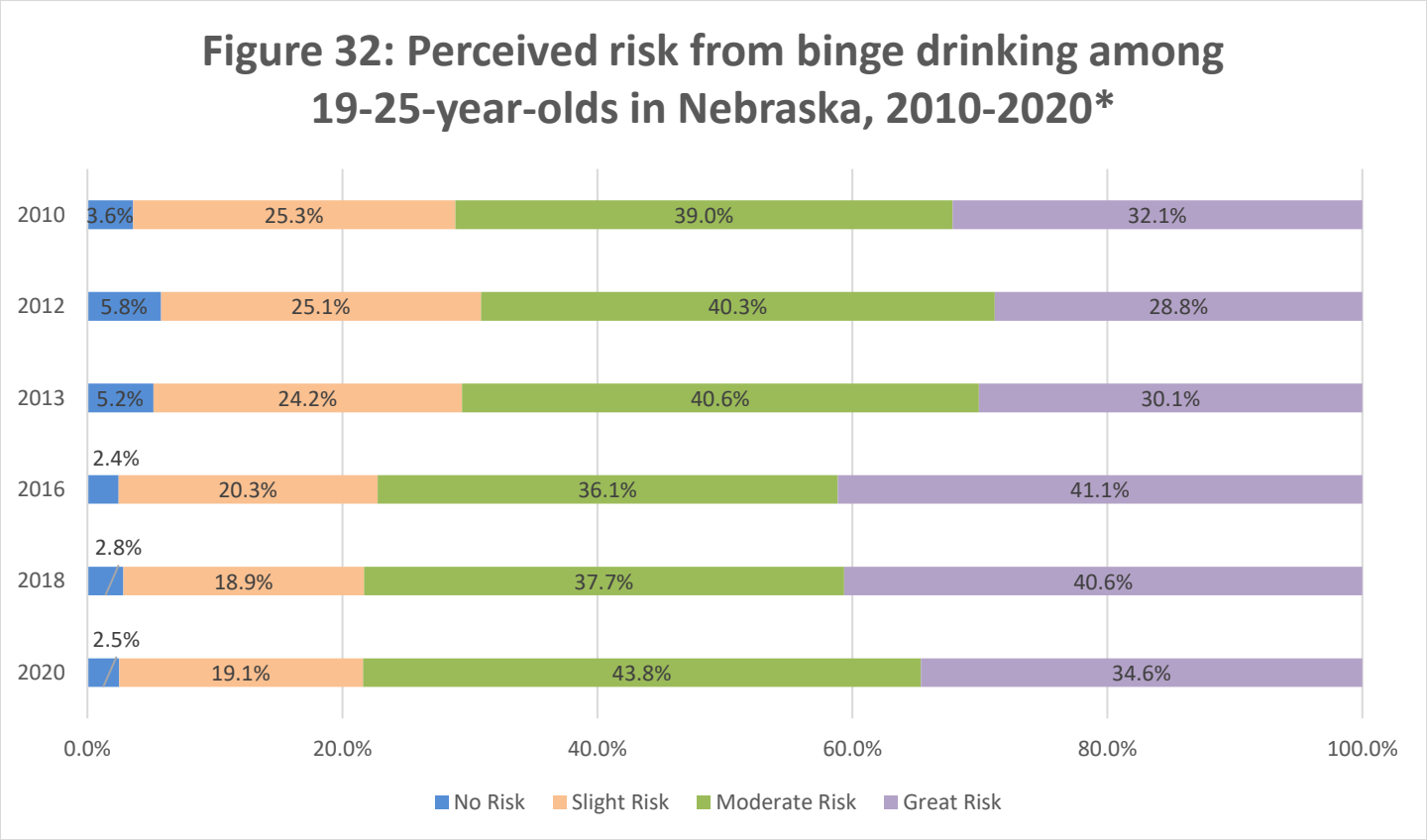
The 2020 NYAAOS also asked about suicide attempt. Among past-month binge drinkers, there was 1.4% who reported having made such attempt in the past 12 months and the number was even higher for non-past month binge drinkers (1.6%).

Alcohol-Related Attitudes and Perceptions

Perception of Risk from Binge Drinking

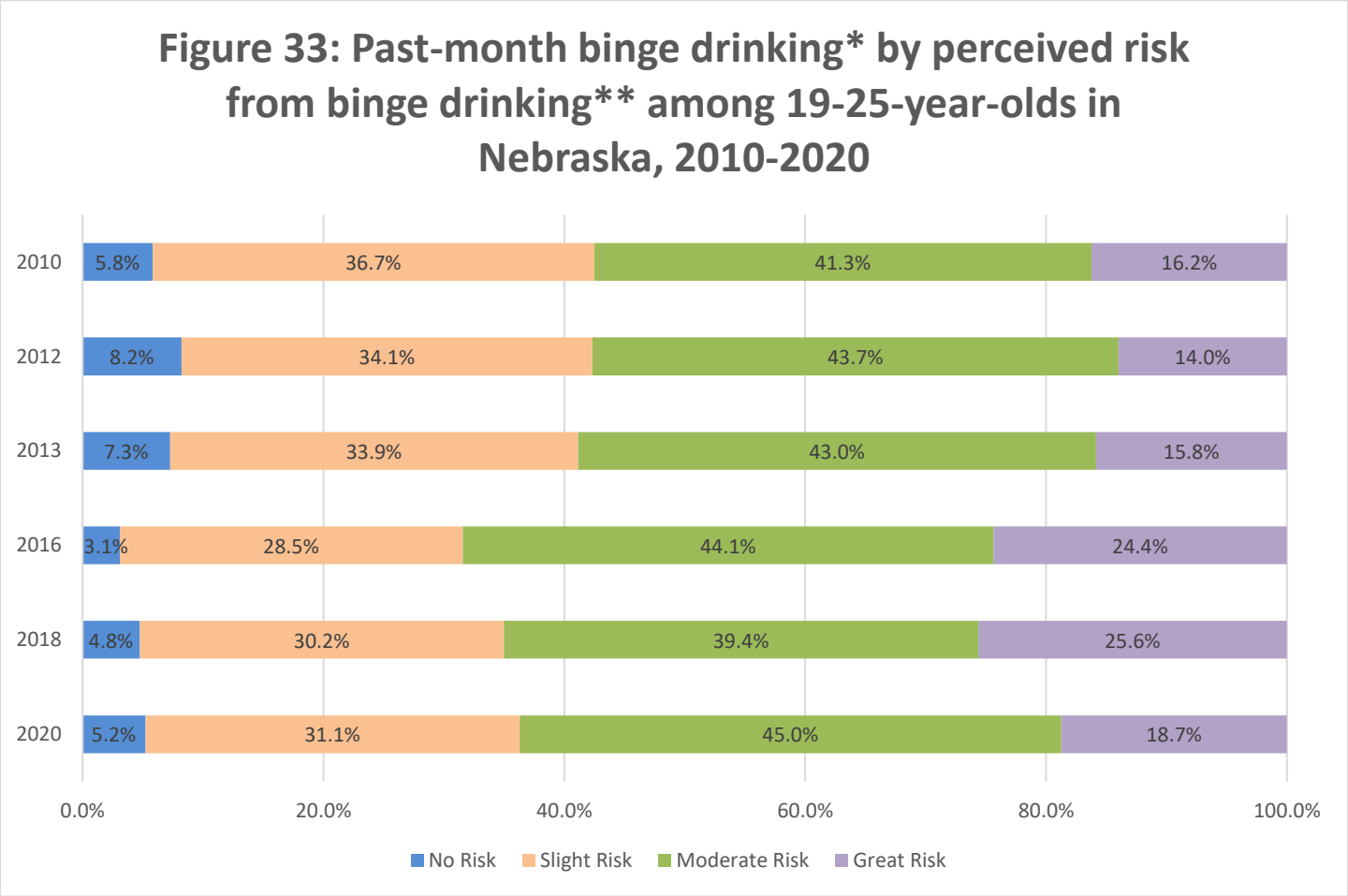
The majority (71.1% in 2010, 69.1% in 2012, 70.6% in 2013, 77.2% in 2016, 78.3% in 2018, and 78.4% in 2020) of young adult respondents in all six years of the survey perceived a moderate or great risk of harm (physically or in other ways) from binge drinking (Figure 32).

There was a significant increase in the percentage of young adults who perceived moderate risk of binge drinking in 2020 (43.8%) as opposed to 2018 (37.7%) while there was significantly fewer respondents who perceived risk from binge drinking as “great” (34.6%) in 2020 compared to 40.6% in 2018.



*How much people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week.

Throughout the six administrations, in more recent years, young past-month binge drinkers were more likely to perceive there is a moderate or great risk of harming themselves (physically or in other ways) as a result of binge drinking (68.4% in 2016, 65.0% in 2018, 63.7% in 2020) although the number decreased slightly in 2018 and 2020 (Figure 33).



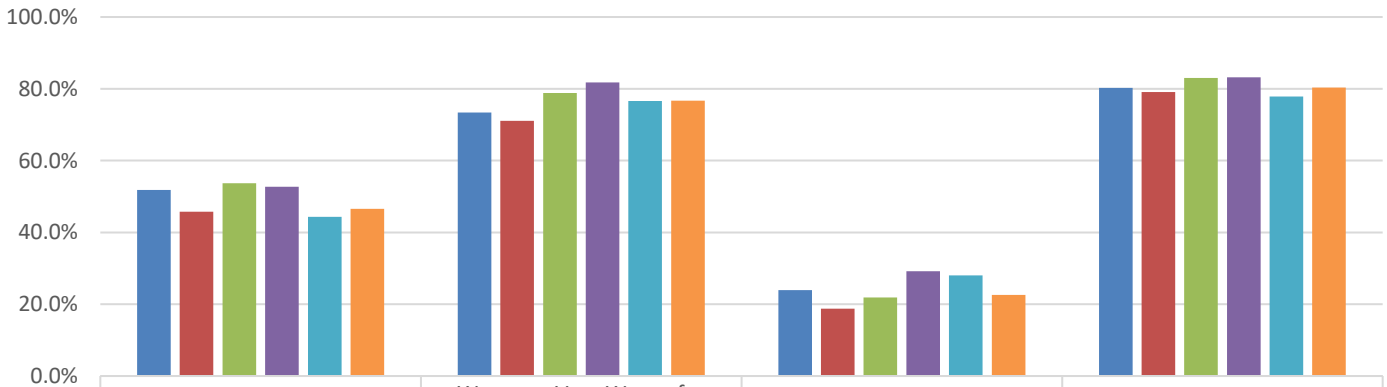
*Percentage who reported having five or more drinks for men/four or more drinks for women within a couple of hours on at least one of the 30 days preceding the survey.
**How much people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week.

Social Norms Regarding Alcohol Use

Fluctuations were found over the years of administration with regard to each statement on social norms regarding alcohol use. Between two-fifths to slightly over half of respondents in each year perceived it is wrong or very wrong for individuals age 18-20 to have one to two alcohol drinks. Overall, respondents tend to find it most acceptable for those who have reached the legal age of alcohol consumption to have five or more drinks in one sitting with close to one-fifth to one-third of respondents felt it is wrong or very wrong over the years. As for binge drinking or getting drunk among 18-20-year-olds and individuals age 21 or older providing alcohol for underage, similar rates of opinions were reported through the six administrations, with between seventy percent to 83.2% of young adults perceived such behavior to be wrong or very wrong (Figure 34).

In 2020, respondents were significantly less likely to feel it is wrong or very wrong for individuals 21 or older to have five or more drinks in one sitting (22.6%) compared to those in 2018 (28.0%). In addition, in 2020, the percentage of adults increased significantly with regard to the perception of it being wrong for folks age 21 or older to provide alcohol to those underage (80.4%) compared to 2018 (77.9%).

Figure 34: Social norms related to underage and legal age drinking behaviors among 19-25-year-olds in Nebraska, 2010-2020*



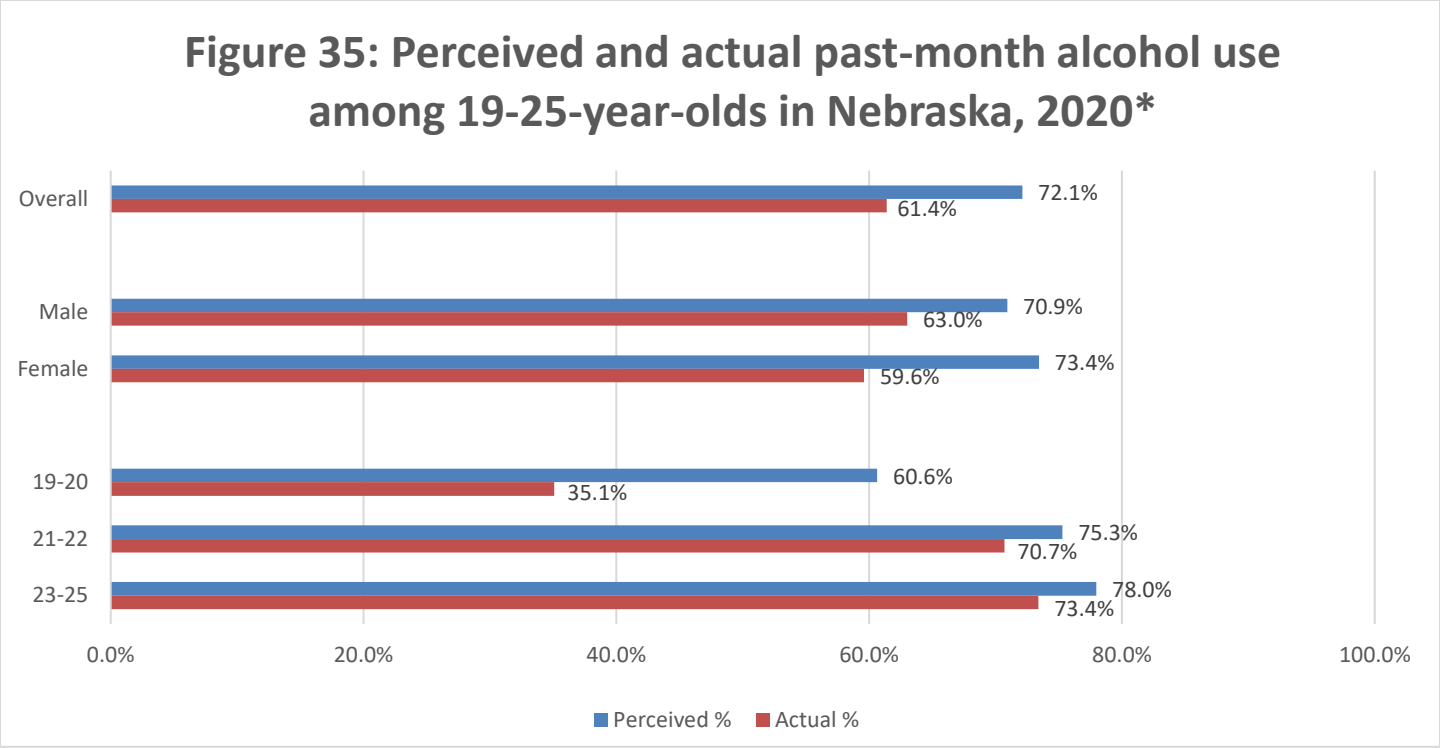
	Wrong or Very Wrong for Individuals 18-20 to Have 1-2 Drinks	Wrong or Very Wrong for Individuals 18-20 to Have 5+ Drinks/Get Drunk at One Sitting	Wrong or Very Wrong for Individuals 21+ to Have 5+ Drinks in One Sitting	Wrong or Very Wrong for Individuals 21+ to Provide Alcohol for People Under 21
2010	51.8%	73.4%	23.9%	80.3%
2012	45.8%	71.1%	18.8%	79.1%
2013	53.7%	78.8%	21.9%	83.0%
2016	52.7%	81.8%	29.2%	83.2%
2018	44.3%	76.6%	28.0%	77.9%
2020	46.6%	76.7%	22.6%	80.4%

*Percentage who reported how wrong they think different drinking behaviors are based on the following scale: Very Wrong, Wrong, A Little Wrong, Not At All Wrong.
Note: missing data and wording variations are due to changes in the survey starting in 2012 and continuing into 2013. One-third of the sample in 2012 and the total sample 2013 were asked how wrong it is to "have five or more drinks" instead of "get drunk." See the "Methodology" section later in report for an explanation.

Perceptions of Peers' Consumption of Alcohol and Actual Consumption of Alcohol

In 2020, young adults believed that most (72.1%) of their peers were drinking alcohol in the past 30 days when approximately three-fifths actually were (61.4%). Males and females were similar in both their perception of peers drinking alcohol (70.9% males vs 73.4% females) and similar in the percentage that actually consumed alcohol.

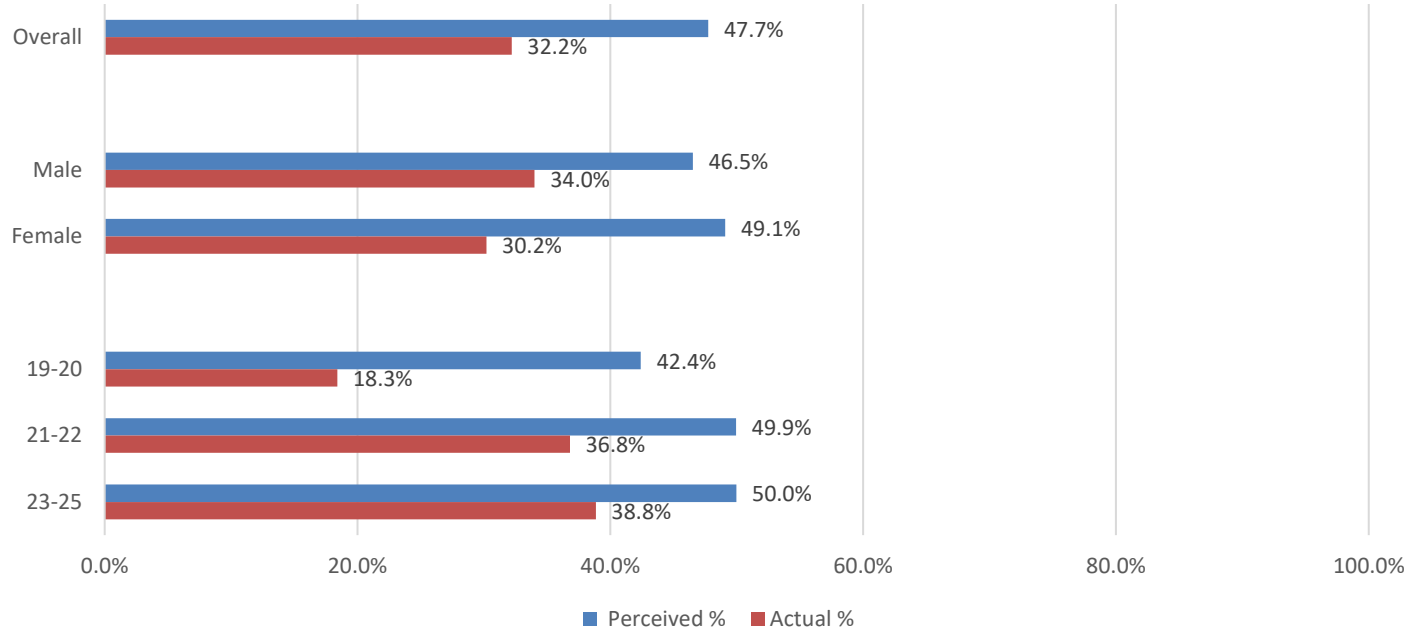
The largest discrepancy was found among the 19-20-year-olds who perceived a much higher rate (60.6%) than the actual consumption (35.1%). While among the older age groups, the differences between their perceived versus the actual rates were fairly small (Figure 35). The differences in the perceived rate of past-30-day alcohol use were statistically significantly different across the age groups.



*Perception based on following question: "In the past 30 days what percentage of people your age do you think have had at least one drink of alcohol?"

In 2020, young adults believed that half (47.7%) of their peers binge drank alcohol in the past 30 days, which was higher than the percent that actually binge drank (32.2%). Females were significantly more likely (49.1%) than males (46.5%) to believe their peers binge drank but the actual percentage was quite similar (34.0% for males, 30.2% for females). Young adults age 19-20 (42.4%) were significantly less likely to perceive that their peers binge drank alcohol in the past month compared to the 21-22 (49.9%) and 23-25 age groups (50.0%) (Figure 36).

Figure 36: Perceived and actual past-month binge drinking among 19-25-year-olds in Nebraska, 2020*

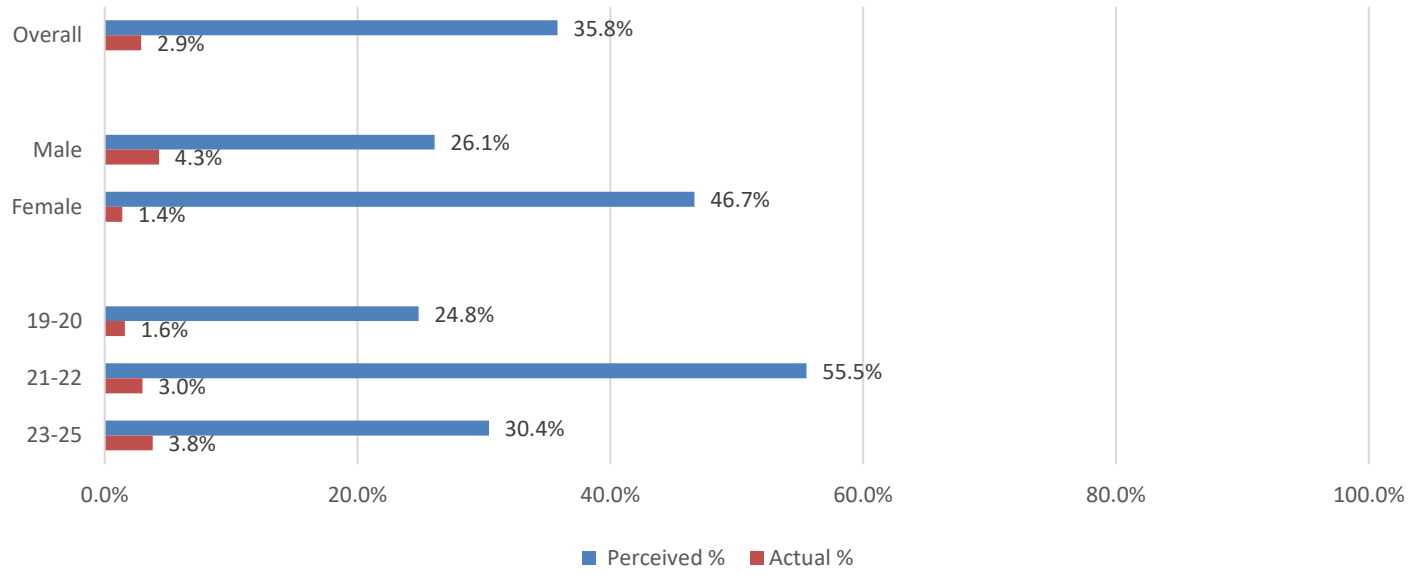


*Perception based on following question: "In the past 30 days what percentage of people your age do you think have had 5 or more drinks of alcohol in one setting?"

In 2020, overall, young adults believed that over one in three (35.8%) of their peers drove after binge drinking in the past 30 days, which was tremendously higher than the percent that actually did (2.9%).

Females (46.7%) were significantly more likely than males (26.1%) to believe their peers drove after binge drinking, whereas the actual percentages that drove after binge drinking were very similar (4.3% for males, 1.4% for females). In 2020, young adults age 19-20 (24.8%) and those age 23-25 (30.4%) were significantly less likely to believe that their peers drove after binge drinking than the 21-22 age group (55.5%). In fact, only a small percentage actually drove after binge drinking, regardless of their age (Figure 37).

Figure 37: Perceived and actual past-month driving after binge drinking among 19-25-year-olds in Nebraska, 2020*



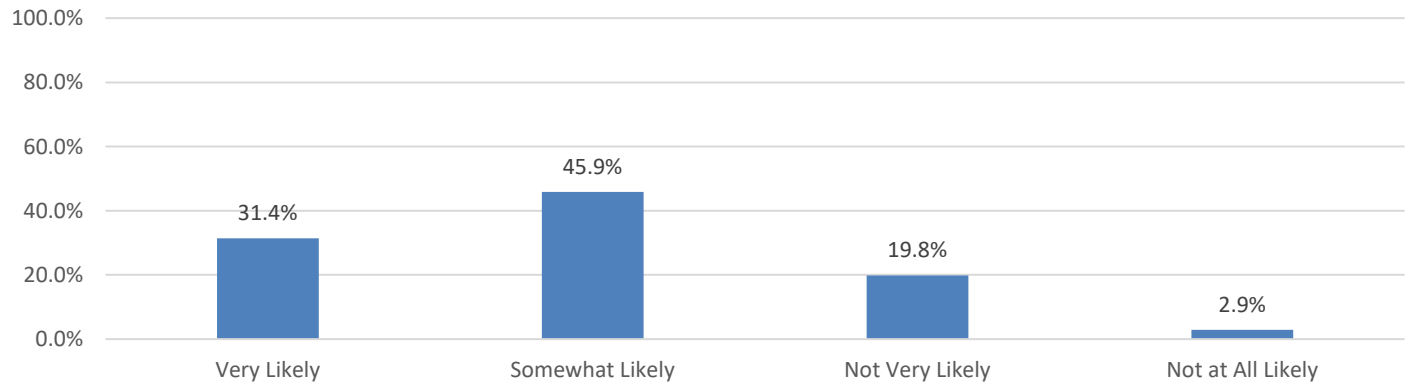
*Perception based on following question: "In the past 30 days what percentage of people your age do you think have driven shortly after consuming 5 or more drinks of alcohol within a couple of hours?"

In general, young adults believed more of their peers drank alcohol, binge drank, or drove after binge drinking than actually did.

Attitudes and Perceptions Related to Alcohol Enforcement

In 2020, about four-fifths (77.3%) of respondents perceived that it is somewhat or very likely that police will stop and arrest an adult who drives under the influence of alcohol (Figure 38). Respondents were significantly more likely to believe that it is very likely for someone to be stopped by the police and arrested for driving under the influence of alcohol in 2020 (31.4%) versus in 2016 (24.7%) and 2018 (19.6%).

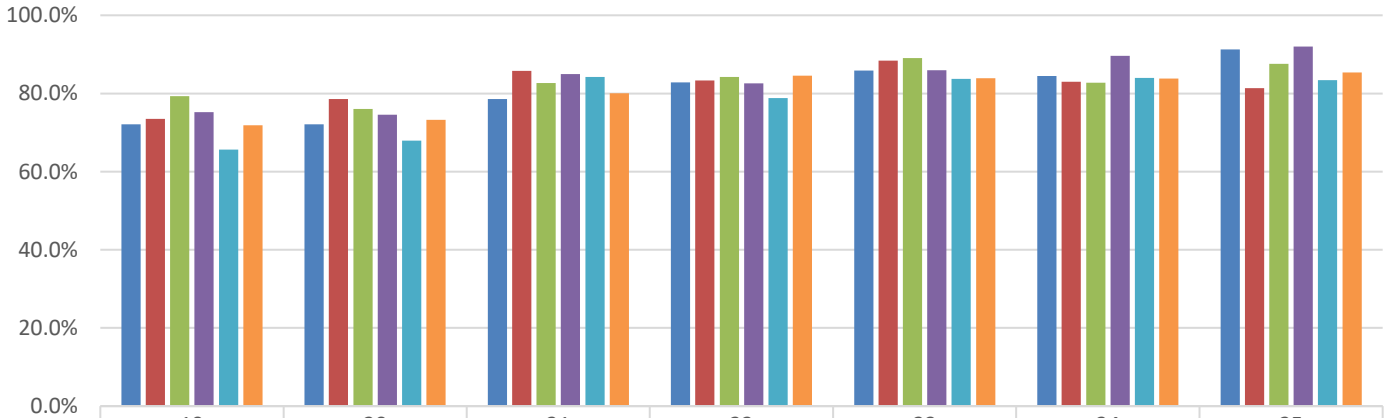
Figure 38: Perceptions of police's reaction to driving under the influence of alcohol among 19-25-year-olds in Nebraska, 2020*



*Perception based on following question: "Please rate the likelihood of each of the following happening in your community. In your community, how likely: - is it that someone would be stopped by the police and arrested for driving under the influence of alcohol?"

Despite minor fluctuations, disapproval for individuals over 21 providing alcohol to minors generally increased with age. After the drop among the 19-year-olds in 2018 (65.7%), such rate went up to 71.8% in 2020. While the percentage either leveled or increased within other age groups compared to that of 2018, there were fewer respondents age 21 that reported it is wrong or very wrong for adults to provide alcohol to individuals under 21 years old (80.0%) compared to 2018 (84.2%, Figure 39).

Figure 39: Wrong or very wrong for adults to provide alcohol to minors among 19-25-year-olds in Nebraska, 2010-2020*

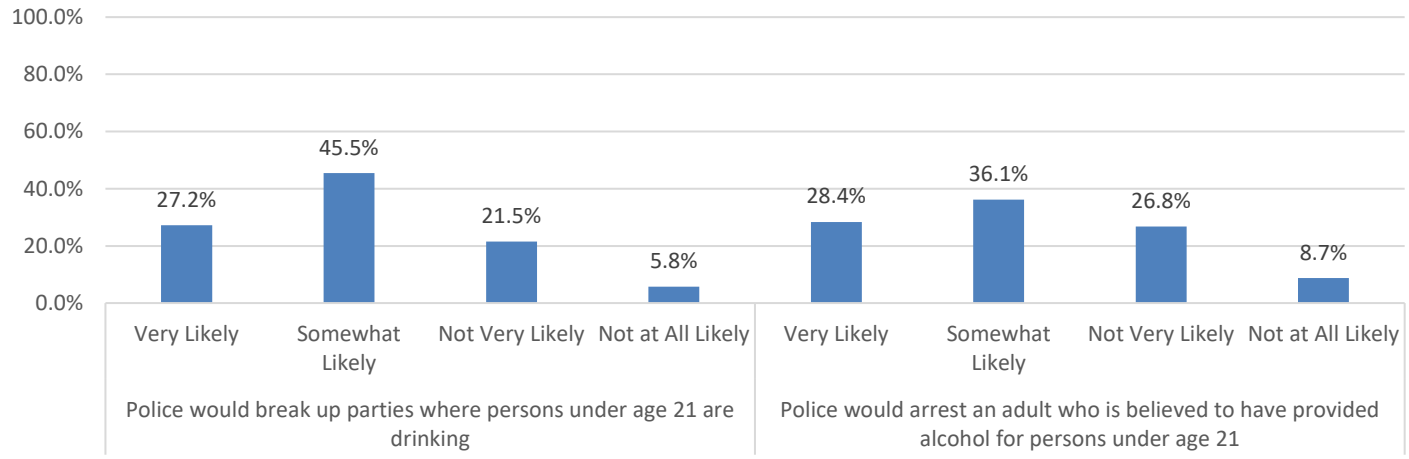


	19	20	21	22	23	24	25
2010	72.1%	72.1%	78.6%	82.8%	85.9%	84.4%	91.3%
2012	73.5%	78.6%	85.8%	83.3%	88.4%	83.0%	81.3%
2013	79.3%	76.0%	82.7%	84.3%	89.1%	82.7%	87.6%
2016	75.2%	74.5%	85.0%	82.6%	86.0%	89.6%	92.0%
2018	65.7%	68.0%	84.2%	78.8%	83.8%	84.0%	83.4%
2020	71.8%	73.3%	80.0%	84.6%	83.9%	83.8%	85.4%

*Percentage reporting that they think it is wrong or very wrong for individuals 21 and older to provide alcohol to persons under 21 years old, based on the following scale: Very Wrong, Wrong, A Little Wrong, Not At All Wrong.

In 2020, more than two-thirds (72.7%) of Nebraska young adults reported that it is very or somewhat likely that police would break up parties where individuals under age 21 are drinking and 64.5% believed that someone would be arrested if they are believed to have provided alcohol for persons under age 21 (Figure 40). In addition, respondents in 2020 reported a significantly higher rate of believing that police would very likely break up parties where persons under age 21 are drinking (27.2%) versus 2016 (23.7%) and 2018 (20.8%). In terms of the consequence of being caught by police as believed to have provided alcohol to minors, young adults in 2020 were significantly more likely to believe that it is very or somewhat likely for these folks to be arrested by police (64.5%) versus 2016 (61.7%) and 2018 (51.6%).

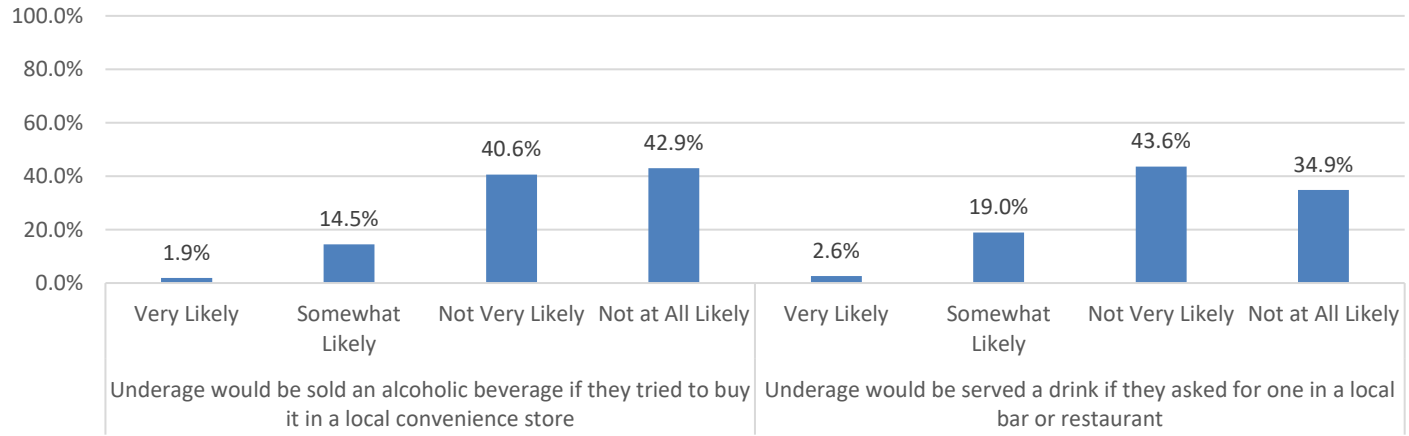
Figure 40: Perceptions of police enforcement of alcohol among 19-25-year-olds in Nebraska, 2020



Attitudes and Perceptions Related to Underage Access to Alcohol

In 2020, only a small proportion of respondents thought it would be very or somewhat likely for minors to be sold an alcoholic beverage if they tried to buy it in a local convenience store (16.5%) or served a drink if they asked for one in a local bar or restaurant (21.6%, Figure 41). The rate in 2020 regarding getting an alcoholic drink in a local convenience store was significantly lower than that of 2016 (19.1%) and 2018 (19.5%), respectively. Moreover, in 2020, young adults were significantly less likely to perceive it as very or somewhat likely for minors to be served a drink if they asked for one in a local bar or restaurant (21.6%) compared to 2018 (24.8%).

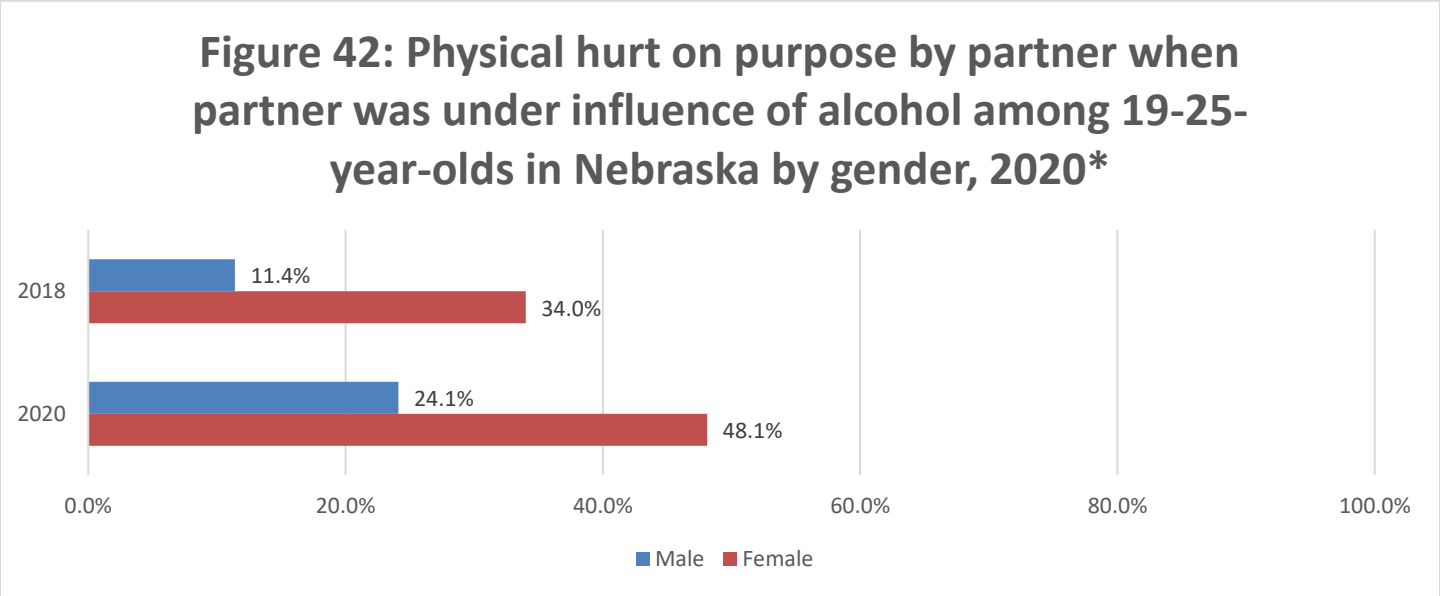
Figure 41: Perceptions of the sale of alcohol to minors among 19-25-year-olds in Nebraska, 2020



Alcohol Use and Dating Violence

Physically Hurt By Partner under Influence of Alcohol

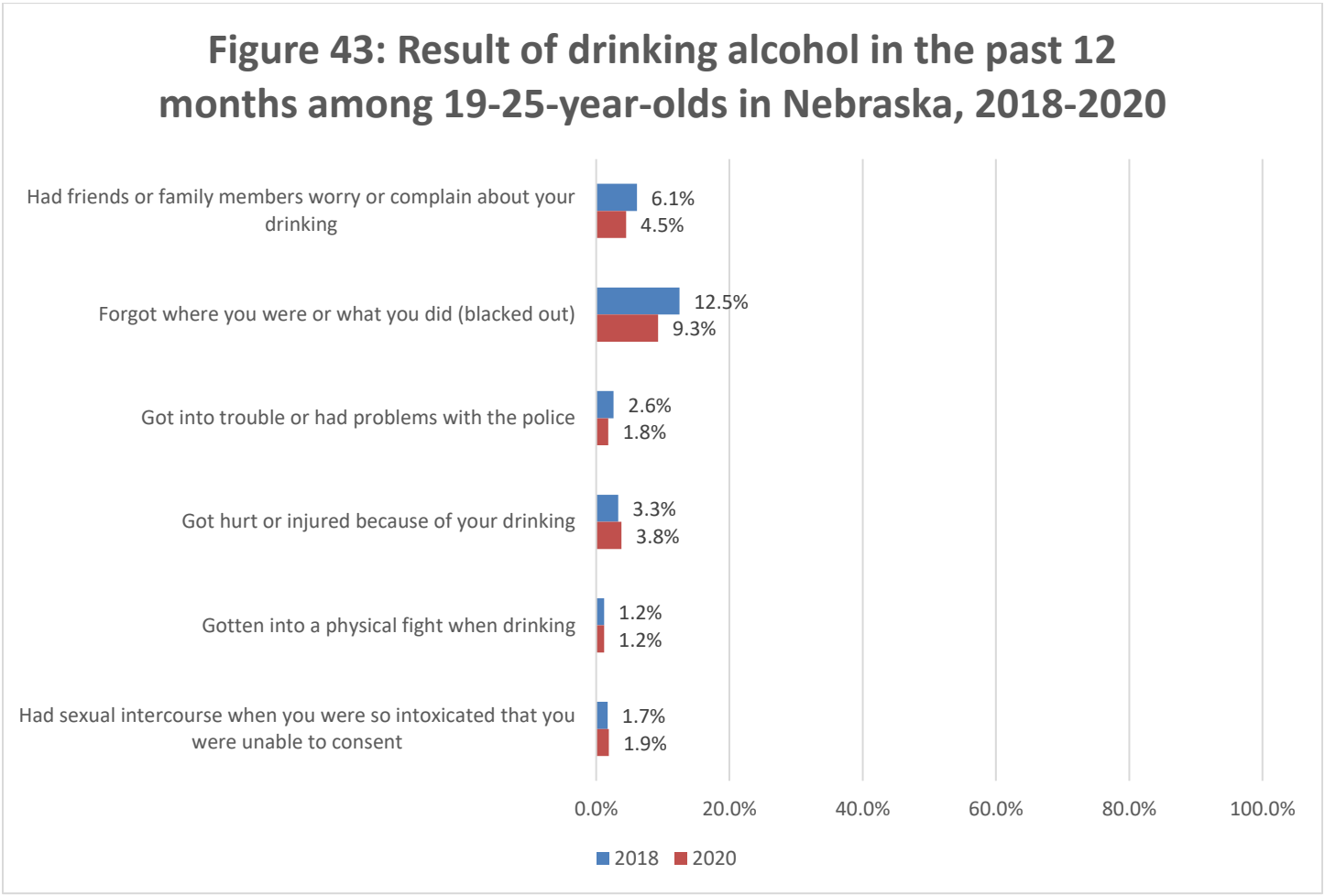
Since 2016, the NYAAOS asked respondents if someone they were dating or going out with physically hurt them on purpose while their partner was under the influence of alcohol. Due to the different question wording on the 2018 and 2020 administrations, the results cannot be compared to generate reliable statistics. Therefore, 2016 data points were omitted for the reason above. In 2020, among those who reported being physically hurt by an intimate partner or someone they were dating in the past 12 months, about one-quarter of males (24.1%) and almost half of the females (48.1%) indicated the incident occurred while their partner or date was under the influence of alcohol. In both years, females were significantly more likely to be physically hurt by a partner than males (Figure 42).



*Those who reported that they were dating and had been physically hurt on purpose by someone they were dating or going out with who was under the influence of alcohol at the time.

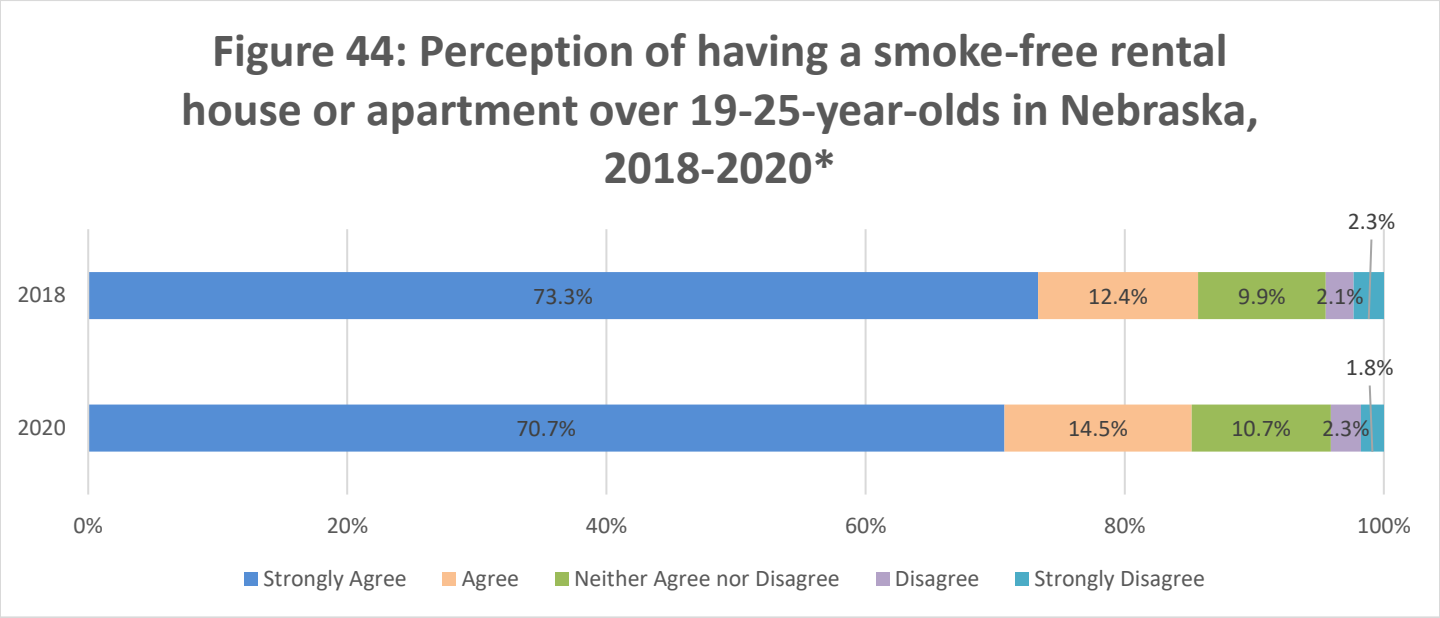
Result of Drinking Alcohol in the Past 12 Months

Since 2018, the NYAAOS asked respondents if they have experienced any of the facts as a result of drinking alcohol in the past 12 months. In both years, respondents were most likely to report blacking out (12.5% in 2018, 9.3% in 2020) while few respondents reported other consequences (Figure 43). In 2020, young adults were significantly less likely to mention having friends or family members worry or complain about their drinking (6.1% in 2018, 4.5% in 2020) or forgetting their whereabouts or what they did (12.5% in 2018, 9.3% in 2020) compared to 2018.



Perception of a Smoke-Free Rental House or Apartment

Since 2018, the NYAAOS asked respondents if they would like to choose a smoke-free rental house or apartment over a place that allows smoking, with other amenities being equal. A vast majority of young adults strongly agreed or agreed with this statement in both years (85.7% in 2018, 85.2% in 2020) (Figure 44).



Alcohol Use

1. Percentage who reported that they have ever consumed alcohol (more than a few sips) during their lifetime.
2. Percentage who reported having at least one alcoholic beverage during the 30 days preceding the survey.
3. Percentage who reported having five or more drinks for men/four or more drinks for women within a couple of hours on one or more of the 30 days preceding the survey.
4. Among past month alcohol users, the percentage who reported having five or more drinks for men/four or more drinks for women within a couple of hours on one or more of the 30 days preceding the survey.
5. Percentage who reported binge drinking on two or more of the 30 days preceding the survey.

Alcohol-Impaired Driving

1. Percentage who reported that they drove shortly after consuming five drinks of alcohol within a couple of hours during the 30 days preceding the survey.
2. Percentage who reported that they drove a vehicle while under the influence of alcohol during the 12 months preceding the survey.

Perception of Risk Related to Binge Drinking

1. Percentage who reported that people put themselves at great risk physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week.

Social Norms Regarding Alcohol Use

1. Percentage who reported that it is wrong or very wrong for individuals under 18 years old to have one or two drinks (2012/2013 survey only).
2. Percentage who reported that it is wrong or very wrong for individuals 18 to 20 years old to have one or two drinks.
3. Percentage who reported that it is wrong or very wrong for individuals 21 and older to have one or two drinks (2010 survey only).
4. Percentage who reported that it is wrong or very wrong for individuals under 18 years old to get drunk ("have five or more drinks in one sitting" for a third of the population in 2012) (2012/2013 survey only).
5. Percentage who reported that it is wrong or very wrong for individuals 18 to 20 years old to get drunk ("have five or more drinks in one sitting" for a third of the population in 2012).
6. Percentage who reported that it is wrong or very wrong for individuals 21 and older to get drunk ("have five or more drinks in one sitting" for a third of the population in 2012).
7. Average percentage of peers believed to have had five or more drinks of alcohol in one setting.
8. Average percentage of peers believed to have driven shortly after consuming five or more drinks of alcohol within a couple of hours.

Attitudes, Experiences and Perceptions related to Providing Alcohol to Minors

1. Percentage who reported that it is wrong or very wrong for individuals 21 and older to provide alcohol for people under 21 years old.
2. Percentage who reported that it is somewhat likely or very likely that a person under 21 would be served a drink if they asked for one at a local bar or restaurant (2012/2013 survey only).
3. Percentage who reported that it is somewhat likely or very likely that a person under 21 would be served a drink if they asked for one at a local convenience store (2012/2013 survey only).
4. Percentage who reported that police are somewhat likely or very likely to arrest an adult who is believed to have provided alcohol for persons under 21.
5. Percentage who reported that their parents or caregivers allowed them to drink alcoholic beverages in their home when they were underage.

Attitudes, Perceptions, and Experiences related to Alcohol Service and Sales

1. Percentage who agree or strongly agree that bartenders and wait staff who work in restaurants and bars should be taught how to serve alcohol responsibly (not serving minors or drunken customers).
2. In 2012, percentage who agree or strongly agree that employees who work in stores that sell alcohol should be taught how to serve alcohol responsibly (not serving minors or drunken customers).
3. In 2013, percentage who disagree or strongly disagree that employees who work in stores that sell alcohol should NOT be taught how to serve alcohol responsibly (not serving minors or drunken customers).
4. Percentage that agree or strongly agree that bars should stay open until 2 AM (2012/2013 survey only).
5. Percentage who reported that it is somewhat likely or very likely that that a drunken adult, 21 years of age or older, would be served a drink of alcohol if they asked for one in a local bar or restaurant.
6. Percentage who reported that it is somewhat likely or very likely that that a drunken adult, 21 years of age or older, would be sold an alcoholic beverage if they tried to buy it in a local convenience store.
7. Percentage who reported that their ID was not checked the last time they bought or tried to buy alcohol during the 30 days preceding the survey, among those who did not believe that the person selling them the alcohol personally knew if they were old enough to buy.
8. Percentage that are very supportive or somewhat supportive of additional taxes on alcohol purchases.

Attitudes and Perceptions related to Alcohol Enforcement

1. Percentage that agree or strongly agree that more police officers should patrol for driving under the influence of alcohol (e.g., DUI).
2. Percentage who agree or strongly agree that more sobriety checkpoints should be implemented (2012 survey only).
3. Percentage who agree or strongly agree that someone caught driving under the influence of alcohol should be arrested and receive the maximum sentence.
4. Percentage who reported that it is somewhat likely or very likely that someone would be stopped by the police and arrested for driving under the influence of alcohol.
5. Percentage who reported that police are somewhat likely or very likely to break up parties where persons under age 21 are drinking.
6. Percentage that agree or strongly agree that alcohol should be allowed in state parks (2012/2013 survey only).

Sampling and Methodology

This section presents a detailed account of the methods used for collecting and reporting data for the 2010, 2012, 2013, 2016, and 2018 administrations of the Nebraska Young Adult Alcohol Opinion Survey. Survey administration and data collection was conducted by the Bureau of Sociological Research (BOSR) at the University of Nebraska-Lincoln.

Survey Administration and Data Collection

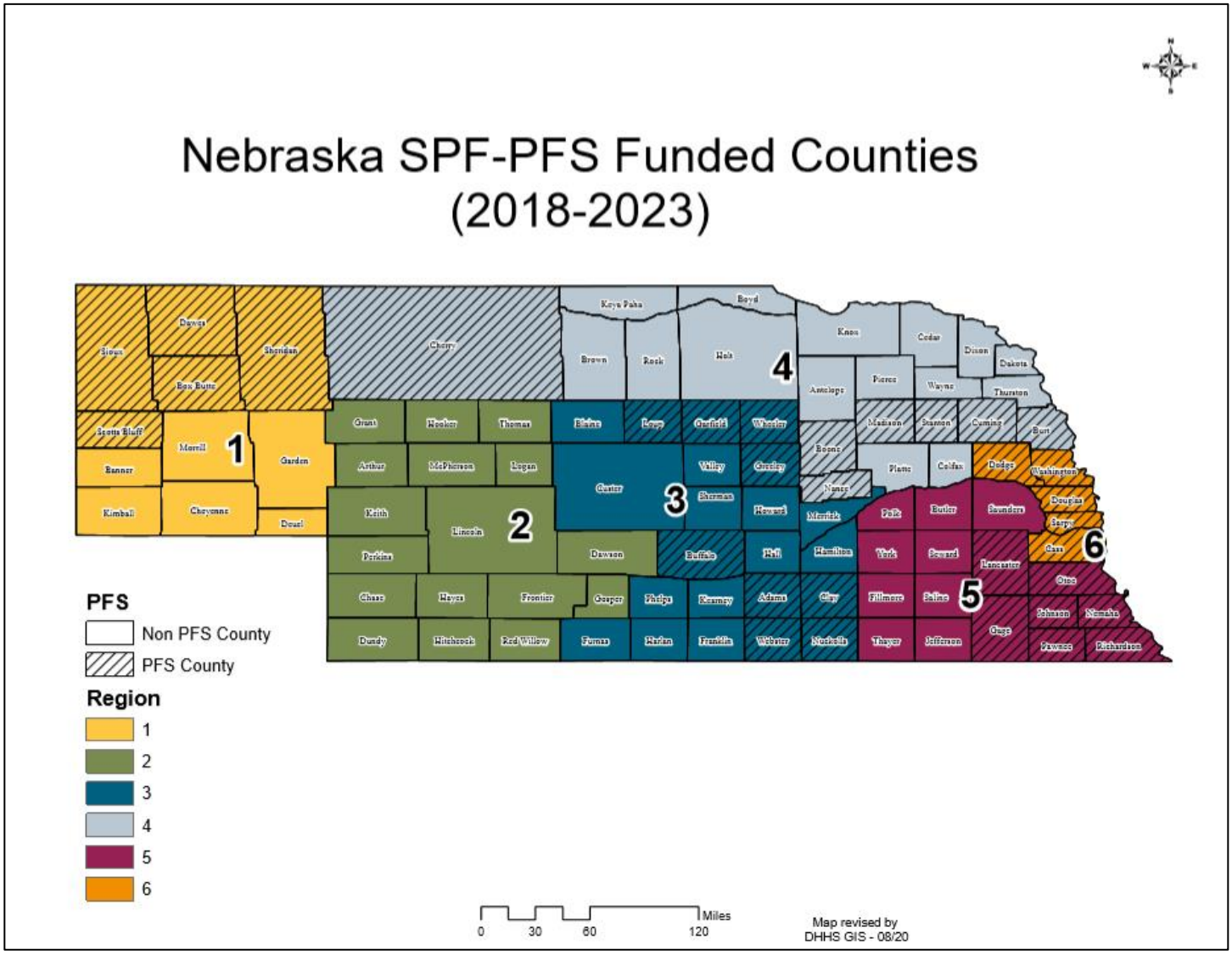
The Sample

The sample for the 2020 survey was generated from a list provided by the Nebraska Department of Motor Vehicles (DMV). The sampling frame included young adults, ages 19 to 25, with a Nebraska driver's license. The sample was stratified in two ways. First, each of the 16 PFS areas was designated as its own stratum. Then, in each region, the remaining counties for the Nebraska Behavioral Health Region made up an addition stratum. The PFS areas cover all of the Region 6 counties, so there was no additional stratum for this region. In doing so, there were 21 strata; 16 for the PFS areas and five for the remaining counties in five of the Nebraska Behavioral Health Region. Eight hundred young adults were sampled from each stratum. Due to the small population, Dawes/Sioux, Sheridan, Garfield/Loup/Wheeler/Greeley, Cherry, and Boone/Nance PFS areas were censused.

The samples for the 2010, 2012, 2013, 2016, and 2018 surveys were generated by the Nebraska Department of Motor Vehicles Driver Records Database. The sampling frame included young adults' ages 19 to 25 years with a Nebraska driver's license.

The sample was stratified in two ways. First, each of the 11 counties that are part of the Strategic Prevention Framework Partnerships for Success (SPF-PFS) grant to reduce underage drinking counties was designated as its own stratum. (see shaded counties on map on next page) Then, in each Behavioral Health Region, the remaining counties for the behavioral health region made up an addition stratum. In doing so, there were 17 strata; 11 for the PFS counties and six for the remaining counties in each behavioral health region. Strata were sampled at differing rates to take into account the number of returns needed for each PFS county, and the population size of each stratum. Due to the small population a census was taken of young adults for Boyd County and Thurston County.

Before the first mailing, respondent mailing addresses were run through the National Change of Address Registry. This process revealed that 324 respondents were no longer living in Nebraska, 196 were flagged as "moved but no forwarding address on file" or "A PO Box was closed without a forwarding address", 3 with not usable addresses, so they were removed from the sample. Then, 1 case was randomly removed from Lancaster County.



For 2010, 2012 and 2013 surveys a total of 10,000 young adults were included in the sample for each year. For the 2010 survey the sample was stratified by nine Nebraska regions with approximately an equal number of respondents sampled in each region. For the 2012 survey, eight regions were sampled which consisted of the state SPF SIG coalition regions targeting the reduction of binge drinking among 18-25-year-olds, while the ninth region consisted of the remainder of the state. The following map provides a visual breakdown of the stratified regions targeted by the

survey (see below). For the 2013 survey the state was stratified into the six behavioral health regions to provide regional estimates.

Demographic Characteristics of the Sample

For all four survey administrations, the demographics of the sample were very similar across the categories of age, gender, ethnicity (Hispanic), and race. There was an even distribution across each single year of age from 19-25. In all four survey administrations, females were more likely to respond to the survey than males. Less than 5% of the participants in all four years of the survey identified as Hispanic. Whites made up the vast majority of the survey sample in all four years of administration (90% or higher) (Tables 1-4).

Table 1. Age

	19	20	21	22	23	24	25
2010	415 (12.0%)	516 (14.9%)	542 (15.6%)	523 (15.1%)	479 (13.8%)	499 (14.4%)	492 (14.2%)
2012	357 (12.5%)	388 (14.4%)	420 (15.6%)	417 (15.5%)	353 (13.1%)	399 (14.8%)	382 (14.2%)
2013	453 (16.1%)	416 (14.8%)	395 (14.0%)	408 (14.5%)	414 (14.7%)	357 (12.7%)	373 (13.2%)
2016	410 (14.6%)	413 (14.7%)	406 (14.4%)	404 (14.4%)	421 (15.0%	416 (14.8%	342 (12.2%)
2018	329 (16.7%)	281 (14.3%)	273 (13.9%)	240 (12.2%)	244 (12.4%)	333 (16.9%)	266 (13.5%)
2020	115 (2.8%)	698 (16.9%)	569 (13.8%)	551 (13.4%)	591 (14.3%)	505 (12.2%)	1,093 (26.5%)

Table 2. Gender

	Male	Female
2010	1,478 (42.6%)	1,988 (57.4%)
2012	1,149 (42.6%)	1,547 (57.4%)
2013	1,213(43.1%)	1,603 (56.9%)
2016	1,214 (43.2%)	1,598 (56.8%)
2018	1,015 (51.6%)	952 (48.4%)
2020	2,169 (52.6%)	1,952 (47.4%)

Table 3. Ethnicity (Hispanic)

	Hispanic	Non-Hispanic
2010	160 (4.6%)	3,285 (95.3%)
2012	129 (4.8%)	2,547 (95.0%)
2013	174 (4.8%)	2,550 (95.0%)
2016	275 (9.9%)	2,502 (90.1%)
2018	173 (8.9%)	1,771 (91.1%)
2020	474 (11.6%)	3,612 (88.4%)

Table 4. Race (multiple responses allowed)

	White	Black or African American	American Indian	Native Hawaiian or Other Pacific Islander	Asian	Alaska Native	Other
2010	3,246 (94.1%)	59 (1.7%)	56 (1.6%)	9 (0.2%)	50 (1.5%)	2 (0.1%)	96 (2.7%)
2012	2,543 (94.3%)	43 (1.6%)	43 (1.6%)	10 (0.4%)	39 (1.4%)	2 (0.1%)	56 (2.1%)
2013	2,584 (91.2%)	57 (2.1%)	49 (1.8%)	16 (0.6%)	67 (2.5%)	2 (0.1%)	59 (2.2%)
2016	2,542 (90.4%)	42 (1.5%)	88 (3.1%)	12 (0.4%)	55 (2.0%)	2 (0.1%)	87 (3.1%)
2018	1,723 (87.6%)	50 (2.5%)	31 (1.6%)	10 (0.5%)	118 (6.0%)	0 (0.0%)	62 (3.1%)
2020	3,608 (87.5%)	169 (4.1%)	70 (1.7%)	22 (0.5%)	150 (3.6%)	6 (0.2%)	165 (4.0%)

The Data Collection Process

2010-2013

For the 2013 administration respondents were mailed an initial survey packet on May 1, 2013. This packet included a cover letter, survey, a $1 bill incentive, and a postage paid return envelope to return the survey. In order to increase the response rate, nonresponders were mailed a reminder postcard on May 10, 2013. In addition to the reminder postcard, a second paper survey and cover letter were mailed to nonresponders on May 30, 2013. Data collection concluded June 30, 2013.

For the 2012 administration respondents were mailed an initial pre-notification letter on November 10, 2011. This mailing included a letter inviting the respondent to complete the survey online and a $1 bill incentive. Respondents were then mailed a survey packet on November 18, 2011. This packet included a cover letter, survey, and a postage paid return envelope to return the survey. In order to increase the response rate, nonrespondents were mailed a reminder postcard on December 8, 2011. In addition to the reminder postcard, a second paper survey and cover letter were mailed to nonrespondents on December 23, 2011. Data collection concluded February 20, 2012. The 2009-2010 administration followed a similar data collection with the exception that respondents were not initially invited to complete the survey online, but were invited later.

Using variations of sponsorship, scale ordering, and question wording, respondents were randomly assigned to one of three groups as part of a methodological experiment. This included one group where survey features indicate that the sponsor portrays alcohol use favorably (version 1), a more neutral group using some design elements to deter social desirability (version 2), and a third group where a respondent could infer negative connotations around alcohol use (version 3). Results from the methodological experiment are not presented in this report; however, more information about the methodological experiment can be obtained by calling DHHS Division of Behavioral Health at (402) 471-3121.

2016

Data were collected between July 11, 2016 and September 28, 2016. Respondents were mailed an initial survey packet on July 11, 2016. Each survey packet contained a cover letter, survey booklet, cash incentive of $1, and large postage-paid business reply envelope. A reminder postcard was sent to all nonresponders about one week after the group's initial mailing (July 18, 2016). In addition to the reminder postcard, a second survey packet (contents discussed above omitting the $1 incentive) was sent to all remaining nonresponders on August 3, 2016. A total of 3,079 completed/partially completed surveys were received and processed by BOSR through September 28, 2016.

2018

Data were collected between April 27, 2018 and July 2, 2018. Respondents were mailed an initial survey packet between April 27, 2018 and May 3, 2018. Each survey packet contained a cover letter, a survey booklet, a cash incentive of $1, and a small postage-paid business reply envelope. A reminder postcard was sent to all nonresponders about one week after the initial mailing (May 8, 2018). In addition to the reminder postcard, a second survey packet (same contents discussed above except the $1 incentive) was sent to all remaining nonresponders between May 22, 2018 and May 24, 2018. A total of 2,135 completed/partially completed surveys were received and processed by BOSR through July 2, 2018.

2020

Data was collected from March 27, 2020 through August, 4 2020. This survey was mailed out as social distancing measures were put in place due to the COVID-19 pandemic. The extended data collection period was due to the COVID-19 pandemic. BOSR staff worked from their homes during much of 2020 because of the pandemic. As a result, BOSR was not able to enter the data from the returned the surveys from BOSR staff's homes until IRB approval was received on June 25. As a result, the data collection period was left open until BOSR was able to data enter the surveys.

Response Rate

2010-2013

In 2013, a total of 2,816 eligible young adults completed a survey, 548 from the original sample, including 235 who completed a survey, were determined to be ineligible because either they were out of the age range or they resided out of state. The overall response rate for this survey, calculated using the American Association for Public Opinion Research's (AAPOR) standard definition for response rate 1 (which removes known ineligible cases from the total sample N), is 29.8%. It should be noted that due to the mode of data collection (mail), it is uncertain if surveys reached the entire sample. In fact, a total of 716 surveys were returned as undeliverable with no forwarding address available. The overall response rate, after adjusting for both known ineligibles and undeliverable returns is 32.2%.
In 2010, a total of 3,466 eligible young adults completed the survey with the majority (95.9%) completing the survey via mail. In 2012, a total of 2,725 eligible young adults completed the survey with a smaller majority (63.7%) completing the survey via mail. From the original sample in 2012, a total of 515, including 246 who completed the survey, were determined to be ineligible either because they were out of the age range or they now resided out of state. A similar number of surveys were determined to be ineligible in 2010. The overall response rate for the survey, calculated using the American Association for Public Opinion Research's (AAPOR) standard definition for response rate 1 (which removes known ineligible cases from the total sample N)[8], was 36.6% in 2010 and 28.7% in 2012. It should be noted that due to the primary mode of data collection (mail), it is uncertain if surveys reached the entire sample. In fact, a total of 1,313 surveys in 2012 and 1,270 in 2012 were returned as undeliverable with no forwarding address available. The response rate, after removing both known ineligibles and undeliverable returns, was 42.5% in 2010 and 36.9% in 2012.

2016

A total of 2,812 eligible young adults completed a survey, 447 from the original sample, including 267 who completed a survey, were determined to be ineligible because either they were out of the age range or they resided out of state. The overall response rate for this survey, calculated using the American Association for Public Opinion Research's (AAPOR) standard definition for response rate 2 (which removes known ineligible cases from the total sample N), is 24.3%. It should be noted that due to the mode of data collection (mail), it is uncertain if surveys reached the entire sample. In fact, a total of 1,484 surveys (12.4%) were returned as undeliverable with no forwarding address available. The overall response rate, after adjusting for both known ineligibles and undeliverable returns is 27.9%.

2018

A total of 1,967 eligible young adults completed the survey. Two hundred and twenty-one from the original sample, including 168 who completed the survey, were determined to be ineligible because either they were out of the age range or they resided out of state. The overall response rate for this survey, calculated using the American Association for Public Opinion Research's (AAPOR) standard definition for response rate 2 (which removes known ineligible cases from the total sample N), is 16.7%. It should be noted that due to the mode of data collection (mail), it is uncertain whether surveys had reached the entire sample. In fact, a total of 1,259 surveys (10.5%) were returned as undeliverable. The overall response rate, after adjusting for both known ineligibles and undeliverable returns is 18.7%.

2020

A total of 4,121 eligible young adults completed the survey. Three hundred and seventeen from the mailed sample, including 300 who completed the survey, were determined to be ineligible either because they were out of the age range or they resided out of state. The overall response rate for this survey, calculated using the American Association for Public Opinion Research's (AAPOR) standard definition for response rate 2 (which removes known ineligible cases from the total sample N), is 28.0%. Table 2 shows response rates by region and by PFS area. It should be noted that due to the mode of data collection (mail), it is uncertain whether surveys had reached the entire sample. The undeliverable mail was not returned by the US Post Office to the State because the envelopes used did not state "Return Service Requested," so we are unable to adjust the response rate to account for these.

Data Cleaning

2010-2013

Recoding was done to correct the most obvious errors/inconsistencies in the data (i.e., respondent answered a question they should not have answered due to incorrectly following skip instructions). Furthermore, in order to have complete demographic data for the weighting process, age, gender and zip code values from the DMV sample file were used in the cases where the respondent left the field blank. In 2013 A total of 18 responses for gender were used from the sample and 12 responses for age. A total of 154 responses for zip codes were imported because the respondent left the zip code field blank.

Due to the mobile nature of a young adult population and the fact the DMV provided address was not always the address of respondent residence (but rather often the residence of a parent or other permanent address) the region variable was recalculated to reflect the zip code the respondent provided on the questionnaire. 18.3% (n=516) of respondents were assigned regions different from the original region in the DMV sample.

In 2012 a total of 28 responses for gender were used from the sample and 39 responses for age across both administrations of the survey. A total of 203 sample zip codes were imported because the respondent left the zip code field blank across both administrations of the survey.

Due to the mobile nature of young adults and the fact that the DMV provided an address that was not always the address of respondent residence (but rather often the residence of a parent or other permanent address), the region variable was recalculated to reflect the zip code the respondent provided on the questionnaire (i.e., where they live most of the year). A total of 21.3% (n=737) of respondents in 2010 and 22.4% (n=608) in 2012 were assigned regions different from the original region in the DMV sample.

Inconsistencies in survey response (i.e., failure to follow skip instructions and providing inconsistent answers across different survey questions) are common in mail surveys. To avoid eliminating survey respondents completely as well as survey item responses from the analysis for this report, inconsistencies in survey responses were left in the database. Two examples of these inconsistencies included (but were not limited to): (1) an individual reporting that they did not drink 4 or more drinks within a couple of hours in the past month but also reporting driving after binge drinking in the past month and (2) an individual reporting that they drove after binge drinking during the past month but also reporting that they did not drive under the influence of alcohol during the past year. Inconsistent responses were ignored in instances where the analysis did not cross-tabulate or combine variables that were known to be inconsistent

with one another. In instances where two or more variables known to be inconsistent with one another were cross-tabulated or combined, the response to the first question in the sequence trumped all subsequent responses that were known to be inconsistent. Note that inconsistent responding was rare (involving less than 2% of all respondents) and that such responses had a minimal effect on the overall results.

2016

The data are recorded and stored on a secure server located within the Sociology Department at UNL. The Statistical Package for the Social Sciences (SPSS) software package was used to process and document the dataset.

The first step in data cleaning was to run frequency distributions on each of the variables in the survey. The second step was to generate variable and value labels. The third step in data cleaning was to check for out-of-range values on all survey items.

In order to have complete demographic data for the weighting process, age and gender values from the DMV sample file were used in the cases where the respondent left the field blank and where respondents had chosen “Other” for the gender question as no population data is available for that category. A total of 18 responses for age were used from the sample and 33 responses for gender.

It should be noted that due to the nature of mail surveys, respondents do not always follow the instructions for skip patterns within the survey. Inconsistencies, which are common in mail surveys, will still exist in the data due to item nonresponse.

Since the data collected contains information specific to the topic, additional decisions related to cleaning and recoding of the data will be left to the client to ensure final data quality.

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In order to have complete demographic data for the weighting process, age and gender values from the DMV sample file were used in the cases where the respondent left the field blank and where respondents had chosen “Other” for the gender question as no population data is available for that category. A total of 10 responses for age were used from the sample and 24 responses for gender.

It should be noted that due to the nature of mail surveys, respondents do not always follow the instructions for skip patterns within the survey. Inconsistencies, which are common in mail surveys, will still exist in the data due to item nonresponse.

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2020

The data are recorded and stored on a secure server located within the Sociology Department at UNL. The Statistical Package for the Social Sciences (SPSS) software package was used to process and document the dataset. The first step in data cleaning was variable and value labels. The second step in data cleaning was to check for out-of-range values on all survey items. For instances where respondents wrote in ranges in numeric boxes, BOSR entered the average of the range. For example, for someone who wrote “10-20,” BOSR entered “15.”

It should be noted that due to the nature of mail surveys, respondents do not always follow the instructions for skip patterns within the survey. Inconsistencies, which are common in mail surveys, will still exist in the data due to item nonresponse.

Since the data collected contains information specific to the topic, additional decisions related to cleaning and recoding of the data will be left to the client to ensure final data quality.

Data Weights

2010-2013

In order to make the data statistically representative of the statewide population, weights were created for the data. The data was weighted by gender, age, and region to the 2010 US Census population. Since a disproportionate regionally-stratified sample was used, larger weights were expected and applied for region. As is common in many surveys, response among females was higher, resulting in lower weights for female respondents. Minimal weighting was required to account for age, as respondents were similar to the Census population with regard to age.

2016

In order to account for the sample design and make the data statistically representative of the statewide population, weights were created for the data. First, data were weighted to account for the sample design through probability of selection weighting. Next, nonresponse weights were calculated by Nebraska Behavioral Health Region. The data was then weighted by gender, age, and Nebraska Behavioral Health Region using data from the 2010 US Census population as this is the only population data available that provides estimates by age rather than larger age groups including more than this survey's target population.

Since a disproportionate regionally stratified sample was used, larger weights were expected and applied for some regions. As is common in many surveys, response among females was higher, resulting in lower weights for female respondents. Minimal weighting was required to account for age, as respondents were similar to the Census population with regard to age.

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2020

In order to have complete demographic data for the weighting process, age, gender, and zip code values from the DMV sample file were used in the cases where the respondent left the field blank and where respondents had chosen "Other" for the gender question as no population data is available for that category. A total of five responses for age were used from the sample, 33 responses for gender (19 of which marked "Other" and the remainder left blank), and 578 responses for zip code.

In order to account for the sample design and make the data statistically representative of the statewide, PFS area, and Nebraska Behavioral Health Region population, weights were created for the data. First, data were weighted to

account for the sample design through probability of selection weighting. Next, nonresponse weights were calculated by Nebraska Behavioral Health Region. The data were then weighted by gender, age, and Nebraska Behavioral Health Region using data from the 2010 US Census population as this is the only population data available that provides estimates by age rather than by larger age groups including more than this survey's target population. Lastly, post-stratification weights were applied based on age, gender, and Behavioral Health Region in order for the data to more closely resemble the population. The final weight in the dataset is called Pwate. Post-stratification weights were also calculated for each of the six Behavioral Health Regions and 16 PFS areas of interest. Weight values are only available for cases within the area of interest.

Nonresponse and Coverage Concerns

2010-2013

The majority of those that completed the survey were 21 years of age or older (73.2% in 2010, 73.0% in 2012 and 70.9% in 2013). Similarly, 70.2% of nonrespondents were age 21 or older in 2010, 74.0% in 2012 and 73.5% in 2013. Female respondents comprised 57.3% of those that completed the study in both 2010 and 2012 and 57.4% in 2013 44.9% of nonrespondents in 2010, 46.0% of nonrespondents in 2012 and 44.5% of nonrespondents in 2013. While no weights were applied to adjust for the differences in DUI rates, the 2010 NYAAOS data were weighted to 2000 Census data and 2012 NYAAOS data were weighted to 2010 Census data to adjust for both age and gender.

In addition to nonresponse concerns, coverage error should also be considered. It is not known how many young adults do not have driver's licenses in the State of Nebraska (and therefore would have been excluded from the sampling frame), but, according to the Nebraska DMV, it is believed to be a very small proportion of the 19 to 25 year old population in this state.

The Nebraska DMV sample appeared to be an effective way to reach this traditionally hard-to-reach population. A total of 1,313 surveys in 2010 (13.1% of the total sample), 1,270 in 2012 (12.7% of the total sample) and 716 surveys in 2013 (7.2% of the total sample) were returned undeliverable without a forwarding address. In addition to these known address differences from the DMV list, an unknown number of surveys were forwarded to respondents' new/temporary addresses by parents, old roommates, etc. There was anticipated concern that addresses would be less reliable for ages not commonly associated with license renewal (all ages other than 21); however, response rates were fairly even across all ages suggesting that this was not an issue.

2016

Nonresponse bias is a concern for all surveys. Since nonresponse bias is calculated on responses to specific variables of concern by comparing nonrespondents' responses to respondents' responses, it is difficult to calculate in most cases. However, other surveys with young adults have found similar levels of binge drinking, which indicates that nonresponse bias may be limited in this data.

Since the DMV data set included some information about respondents in the sample, limited analysis comparing responders to nonresponders is possible.

The majority of those that completed the survey were 21 years of age or older (73.8%). Similarly, 72.0% of nonresponders were age 21 or older. Female respondents comprised 56.5% of those that completed the study and 44.7% of nonresponders, respectively. Data was weighted to 2010 Census data to adjust for both age and gender.

In addition to nonresponse concerns, coverage error should also be considered. It is not known how many young adults do not have driver's licenses in the state of Nebraska (and therefore would have been excluded from the sampling frame), but according to the DMV, it is believed to be a very small proportion of the 19 to 25 year old population in this state.

Overall, the Nebraska DMV sample appeared to be an effective way to reach this traditionally hard-to-reach population. A total of 1,132 surveys (9.4% of the total sample) were returned undeliverable without a forwarding

address by the US Postal Service. There was anticipated concern that addresses would be less reliable for ages not commonly associated with license renewal (all ages other than 21); however, response rates were steady across all ages suggesting that this was not an issue.

2018

Nonresponse bias is a concern for all surveys. Since nonresponse bias is calculated on responses to specific variables of concern by comparing nonrespondents' responses to respondents' responses, it is difficult to calculate in most cases. However, other surveys with young adults have found similar levels of binge drinking, which indicates that nonresponse bias may be limited in this data.

Since the DMV data set included some information about respondents in the sample, limited analysis comparing responders to nonresponders is possible.

The majority of those that completed the survey were 21 years of age or older (70.8%). Similarly, 71.4% of nonresponders were age 21 or older. Female respondents comprised 59.6% of those that completed the study and 46.0% of nonresponders, respectively. Data was weighted to 2010 Census data to adjust for both age and gender. In addition to nonresponse concerns, coverage error should also be considered. It is not known how many young adults do not have driver's licenses in the state of Nebraska (and therefore would have been excluded from the sampling frame), but according to the DMV, it is believed to be a very small proportion of the 19 to 25 year old population in this state.

Overall, the Nebraska DMV sample appeared to be an effective way to reach this traditionally hard-to-reach population. A total of 1,259 surveys (10.5% of the total sample) were returned undeliverable without a forwarding address by the US Postal Service. There was anticipated concern that addresses would be less reliable for ages not commonly associated with license renewal (all ages other than 21); however, response rates were steady across all ages suggesting that this was not an issue.

2020

Information regarding nonresponse and coverage concerns is not available for the 2020 survey.

Data Analysis and Reporting

Statistical Analysis Software

Analyses of 2020 survey data were conducted using SPSS, Version 26.0. Analyses of 2018 survey data were conducted using SPSS, Version 23.0. Analyses of 2016 data were done using SPSS. Analyses of 2013 survey data were conducted using SPSS, Version 18.0. Analyses of 2010 and 2012 data presented in this report were conducted using SPSS, Version 17.0. In 2010, in order to obtain reliable estimates of 95% confidence intervals for weighted percentages in the summary tables, SAS-callable SUDAAN, Version 10.0.1, was used. For 2012 and 2013 survey analysis, the standard error of the unweighted data was applied to the weighted data to calculate 95% confidence intervals. This method, while unconventional, was tested on the 2010 data and yielded 95% confidence intervals that were remarkably close to those calculated using SAS-callable SUDAAN Version 10.0.1 (within a half to one percent different).

Demographic Comparisons

There was enough variability in respondent gender, age, urbanicity, and ethnicity to make comparisons among respective groups.

Urbanicity Analysis

Rural-Urban Commuting Area Codes (RUCAs) are a census tract-based classification scheme that utilizes population and work commuting information from the U.S. Census Bureau to characterize all of the nation's census tracts

regarding their rural and urban status and relationships.[9] Because zip code is often the smallest geographic identifier available in health data sets, a zip code approximation was developed for RUCA. More information on RUCAs can be found at the following website: http://depts.washington.edu/uwruca/ . For this report, RUCA version 2.0, categorization B, was applied to the data presented within this report to create three urban/rural categories based on the zip code where respondents reported living for most of the year. The three urban/rural categories include:

- *Urban* – includes a primary commute flow within an urbanized area of 50,000 people or more and a secondary commute flow of 30 to 49 percent to an urbanized area.

- *Large Rural* – includes a primary commute flow within a large urban cluster of 10,000 to 49,999 people and a secondary commute flow of 10 to 29 percent to an urbanized area.

- *Small Rural* – includes a primary commute flow within a small urban cluster of 2,500 to 9,999 people and a secondary commute flow of 10 to 29 percent to an urbanized area or 10 to 49 percent to a large urban cluster. In addition, small rural also includes a primary commute flow outside an urbanized area or urban cluster (i.e., less than 2,500 people) and rural areas with a secondary commute flow of 10 to 29 percent to an urbanized area or flow of 10 to 49 percent to either large urban clusters or small urban clusters.

Conclusions

The findings in this report further strengthen the notion that alcohol misuse continues to be a widespread public health problem in Nebraska. Alcohol use among young adults in Nebraska is common, with estimates for past-month alcohol use and past-month binge drinking greater than or equal to estimates from other state surveys.

The first three years of NYAAOS administration (2010, 2012, 2013) the past-month binge drinking rate was at or around 45% for young adults ages 19 to 25. For the last three years (2016, 2018, 2020) the overall binge drinking rate for this age demographic has continued to decrease, dropping from 38.8% in 2016 to 34.0% in 2020.

The majority of adults ages 19-25 had used alcohol within the last month in 2010, 2012 and 2013. In the last three administrations, the rate of those who had used alcohol within the last month has dropped from 67.1% in 2016 to 61.4% in 2020.

Another positive trend is the decrease in males and females who consumed alcohol in the past month. Over half of males and females had consumed alcohol in the first administrations, but this number decreased in 2020 to 59.6% for females and 63.0% for males.

From 2016 to 2018 there was an overall increase for both males and females who drove while under the influence of alcohol. In the most recent administration there was a 7.4% decrease of alcohol-impaired driving, an improvement and the lowest percentage compared to all previous administrations. This decrease is also seen in those who drove after binge drinking, dropping by over half from 2010 to 2020.

While the data suggest that there is still a need to improve behaviors related to alcohol, the majority of young adults appear to be supportive of responsible alcohol service and alcohol enforcement, unsupportive of adults 21 and over providing alcohol to non-legal age drinking persons, and perceive underage drinking as far less acceptable than legal age drinking.

The information in this report can be used to help inform policymakers, state and local alcohol prevention practitioners, colleges and universities, law enforcement, parents, and the general public about alcohol use, alcohol-impaired driving, and attitudes and perceptions related to alcohol among young adults in Nebraska. Because much of the information presented in this report has not previously been available in Nebraska, it provides an opportunity to further refine and target programs and policies to address the needs of young adults.

A variety of evidence-based prevention strategies exist to address alcohol use among young adults. The following is a list of some of the resources containing information related to evidence-based programs, policies, and practices for addressing underage drinking, binge drinking and alcohol-impaired driving:

- Higher Education Center, U.S. Department of Education
  http://www.higheredcenter.org/
- National Highway Traffic Safety Administration
  http://www.stopimpaireddriving.org/
- National Institute for Alcohol Abuse and Alcoholism (NIAAA)
  http://www.niaaa.nih.gov/
- SAMHSA's Evidence-Based Practices Resource Center
  https://www.samhsa.gov/ebp-resource-center
- Reducing Underage Drinking: A Collective Responsibility, Institute of Medicine
  http://www.iom.edu/Reports/2003/Reducing-Underage-Drinking-A-Collective-Responsibility.aspx

- The Guide to Community and Preventive Services
  http://www.thecommunityguide.org/index.html

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3. *Substance Abuse, Mental Illness and Associated Consequences in Nebraska*. Lincoln, NE: Nebraska Department of Health and Human Services, Division of Behavioral Health; 2015.

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6. Behavioral Risk Factor Surveillance System. Centers for Disease Control and Prevention. Updated 25 August 2010 http://www.oas.samhsa.gov/nhsda.htm.

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9. Rural-Urban Commuting Area Codes (RUCAs). WWAMI Rural Health Research Center. http://depts.washington.edu/uwruca/.

Nebraska Young Adult Alcohol Opinion Survey
Summary Report

Report Released: September 2020

This report contains a summary of the findings from the 2010 - 2020 Nebraska Young Adult Alcohol Opinion Survey.

An electronic version of this report along with supplemental data tables, a copy of the survey questionnaire, and additional information about the Division of Behavioral Health Prevention System are located on the following website:

http://dhhs.ne.gov/behavioral_health/Pages/sua_suaindex.aspx

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