

Missouri Student Survey Lincoln County – 2024 Key Findings



Lincoln County Resource Board

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Missouri Student Survey (MSS) Methodology

This report presents a review of key findings from the Missouri Student Survey (MSS) spanning 2010 to 2024 for Lincoln County public school students in grades 6 through 12. The MSS was developed and administered by the Missouri Department of Mental Health (DMH), with data analysis conducted by the Missouri Institute of Mental Health (MIMH), which also assumed responsibility for data collection beginning in 2016.

The Missouri Student Survey includes hundreds of questions covering a wide range of topics, such as depression, substance use, mental health, bullying, school-related behaviors, and self-injury/suicide. Schools are instructed to have all 9th-grade students complete the survey, along with one additional grade level. However, the selection of this additional grade has varied over time and across Lincoln County schools, leading to some inconsistencies in data collection.

The data tables in this report were developed by Cynthia J. Berry, Ph.D., of Berry Organizational & Leadership Development (BOLD) LLC. These tables support comparisons between Lincoln County and the state of Missouri across numerous MSS survey items. They also track trends within Lincoln County from 2010 to 2024, quantifying changes over time for each reviewed item (note: minimal rounding errors may be present). Items showing positive trends are highlighted in green, while those reflecting negative trends or underperformance are marked in red. The rating scale for each item is provided below each table or in the last column. The full survey, including the precise wording of questions and the complete rating scale, is available at: [Missouri Student Survey | dmh.mo.gov](https://dmh.mo.gov).

The statewide random sample used for Missouri's reported data included 96 schools (48 middle schools and 48 high schools). Of these, 33 schools participated, representing 34% of the sample. The final 2024 MSS random sample consisted of 2,826 students, with data weighted to reflect state-level demographics, as detailed in the public report. The Missouri data presented in this report are drawn from this random sample.

For county-level data, the final sample (after data cleansing) included 92,449 students from 93 counties (81%). It is important to note that prior to 2016, all MSS reports were based on convenience sampling.

Implications of Findings

While the survey data was not collected from every 6th through 12th grade student in Lincoln County, the sample of student respondents is considered representative of the student population for that year—particularly for 9th grade, which was the primary grade level surveyed. In 2024, a total of 2,416 Lincoln County students completed the MSS. For generalization purposes, approximately 5,303 students in grades 6 through 12 were enrolled in the Lincoln County public school district during the 2023–2024 academic year, with individual grade levels ranging from 699 to 811 students. Therefore, when it is reported that 26.9% of student respondents indicated they were “often/always very sad in the past 30 days,” this could reflect approximately 1,427 students across grades 6 through 12 in the district.

Interpreting the Data Tables

When reviewing Table 17 (and other tables presented throughout the report), the Full Item Analysis of the 2024 Missouri Student Survey for the Lincoln County (LC) sample, here is what to look for:

1. The first eight columns (following the item description) display the percentage values for each identified year. These values correspond to the rating scale information provided in the second-to-last column. The 11th column shows the change over time, comparing the first year listed to 2024. Green highlighting in this column indicates a positive change, while red highlighting indicates a negative change.
2. The 10th column displays the statewide Missouri sample percentages. The 12th column shows the difference between Lincoln County and the Missouri average for each item. Color coding is again used in this column: green indicates that Lincoln County outperformed the state, while red indicates underperformance.
3. The final column categorizes each item by its associated topic area.

Comparative Summary

Of the 152 selected items in the Missouri Student Survey, the Lincoln County sample showed improvement on **59.6% of the items (90 items)** over time, from the initial year of data collection to 2024. Two items remained unchanged.

LC Trends - 2010 to 2024	Positive		Negative	
Difference $\geq$ 5%	53	35.1%	36	23.8%
Total Items	90	59.6%	60	39.7%

Additionally, **35.1% of the items (53 items)** improved by **5% or more** over time. The items with the most significant improvements—defined as a **10% or greater increase** from the initial to the most recent data point—were:

- Student feels optimistic about their future
- Student feels they handle stress in a healthy way
- Student has adults in their life to turn to when things feel overwhelming
- Student knows where to go in their community to get help
- Past 3 month emotional bullying
- Past 3 month rumor spreading
- School notifies parents with praise
- Lifetime alcohol use (yes, at least once, and more than one time), chew use, and cigarette use
- Past month alcohol use and cigarette use
- Past two weeks binge drinking
- Ease of availability for: alcohol, cigarettes, marijuana, other illicit drugs, and prescription drugs
- Method of access – alcohol (a friend gives or sells them to me)
- Method of access – cigarettes (a friend gives or sells them to me)
- Method of access – marijuana (a friend gives or sells to me)
- Peer alcohol use and smoking cigarettes
- Perception of friends feelings on student alcohol use
- Perception of parental feelings on student alcohol use
- Perception of harm – alcohol (1-2 drinks almost daily and 5+ drinks one to two times per week), and e-cigarettes
- Perception of wrongness: alcohol and cigarettes

Negative trends were observed in **39.7% of the items (60 items)** over the years for which data was available. Of these, **23.8% (36 items)** showed a decline of **5% or more** over time. The items with the most significant negative trends—those with a **10% or greater decline** between the earliest and most recent data points—were:

- Depression items – student eating disruption, student irritable, student school/work disruption, student sleeping disruption, and student very sad
- Past 3 month bullying online or via cell phone (both perpetrator and victim roles)
- Peer gun carrying
- Days skipped or cut (from school)
- Ease of availability – electronic cigarettes and synthetic drugs
- Method of cigarette access – I take them without permission
- Method of e-cigarette access – I take them without permission and other
- Method of marijuana access – family gives/sells to me and I take them without permission
- Perception of enforcement – guns
- Perception of friends feelings on student marijuana use
- Perception of parental feelings on student alcohol use (1-2 drinks nearly every day)
- Perception of harm – alcohol (no dosage) and synthetic drugs

Of the **157 applicable items** assessed in 2024, Lincoln County youth underperformed compared to the state on **36.3% of the items (57 items)**. Three items showed no difference between the Lincoln County and Missouri samples. Additionally, **5.1% of the items (8 items)** underperformed by **5% or more** compared to the state (excluding method of access items). These items were:

- Peer gun carrying
- Method of alcohol access – family gives/sells to me and other
- Method of cigarette access – family gives or sells to me or I buy from the store
- Method of e-cigarette access – I take them without permission and other
- Peer smoking marijuana

LC vs. MO	Positive – Lincoln Better		Negative – Lincoln Worse	
	Difference ≥ 5%			
Difference ≥ 5%	19	12.1%	8	5.1%
Total Items	97	61.8%	57	36.3%

Out of **157 items**, Lincoln County youth outperformed the state on **61.8% (97 items)**. Among these, **12.1% (19 items)** showed a difference of **5% or more**. Below are the items with a **7% or greater difference**, as many exceeded the **5% threshold**:

- Parents check on student's homework and parents notice and comment on good work
- Method of alcohol access – A friend gives/sells to me and I take it without permission
- Method of cigarette access – A friend gives or sells it to me and I take it without permission
- Method of e-cigarette access – A friend gives or sells it to me and I ask a stranger to buy for me
- Perception of parental feelings on student marijuana use and smoking, alcohol use (general), cigarette use, over the counter drug misuse, prescription drug misuse, and vaping
- Perception of wrongness – marijuana (smoke)

Given the extensive number of items included in the Missouri Student Survey, the following section highlights the most notable positive and negative trends across various categories. Please note that percentages have been rounded, which may result in minor rounding errors. Now, let's examine the trends that have emerged over time in Lincoln County by content area.

Prioritized Key Findings

Negative Findings/Areas Needing Attention

► **Substance use begins at alarmingly early ages for some substances** – While some initiation ages remained stable or improved slightly, concerning early use trends persist. Inhalant use was first reported at an average age of 9.8 years (2022), and OTC drug misuse began at 10.6 years, both younger than state averages. Alcohol and cigarette use also began before age 13 on average. These early initiation patterns highlight the need for prevention efforts starting in elementary school, including family-focused strategies and secure storage of medications.

► **E-Cigarettes (Vaping) Trends** – Concerning trends were observed, with the average age of first use now at 12.6. E-cigarettes are perceived as easily accessible by 41.6% of students. Lifetime use was reported by 18.2%, making it the second most commonly used substance. Past-month use stood at 7.9%, also the second highest among substances. Forty percent (40%) of students reported that friends give or sell them e-cigarettes.

► **Alcohol Trends** – Alcohol remains the most commonly used substance. It had the highest reported lifetime use at 23.7%, with 22.2% of students indicating use on more than one occasion. Past-month use was also highest for alcohol at 8.3%. Regarding access, 42.6% of students said alcohol was easily accessible. Family members were the primary source for nearly 42% of students, and 30% obtained it through friends. Additionally, 14.6% reported being in a car with a driver under the influence in the past month. Alcohol was ranked as the most common substance used by peers (37.4%). Perception of harm has declined, only 63% of students viewed alcohol use (no dosage specified) as a moderate or great risk in 2024, a 12% decrease from 2010.

► **Marijuana** – Marijuana access via peers remains high, with 53% reporting friends give or sell it to them. Additionally, 25% reported receiving it from family members. Marijuana ranked second in reported peer use at 36.8%. The perception that friends would view marijuana use as “wrong” or “very wrong” declined by 18% since 2014, with only 77.4% of students endorsing this view in 2024.

► **Substance access remains high and rising in some categories** – Perceived access to OTC drugs (46.3%), alcohol (42.6%), and e-cigarettes (41.6%) exceeds state averages. Access to e-cigarettes increased 15.3% since 2016, and synthetic drugs rose 11.1%. Youth substance prevention must focus on reducing availability and enhancing monitoring and education.

► **Friends and family are key sources of substance access** – Marijuana (53.3%) and e-cigarettes (40.3%) are most often obtained from peers, while family is the most common source of alcohol (41.8%). Students also frequently take substances without permission, especially cigarettes (40.4%). Prevention must address unsupervised access and family norms around substance use.

► **Peer substance use and permissive attitudes are increasing for key substances** – Peer marijuana use rose to 36.8% (+11.2% above the state), and peer disapproval of marijuana fell by 17.9%. This shift in norms reinforces the need for strong social messaging and peer-focused prevention.

► **Perception of harm has declined for alcohol and synthetic drugs** – Students’ perception of alcohol (unspecified dosage) as harmful dropped by 11.6% since 2010, and synthetic drug risk perception fell 11.0%. These declines increase the likelihood of use and underscore the need for improved health education campaigns.

► **Mental health challenges are escalating, especially schoolwork disruption and ability to manage stress** – From 2010 to 2024, all six depression symptoms increased significantly by 7.6% to 20.2%, with school disruption rising to 39.4% (percentage linked to number of days in the past 30 that student felt the symptoms “often” or “always”). Other symptoms included irritability (34.7%), sleep disturbances (33.7%), changes in appetite

(28.5%), persistent sadness (26.9%), and hopelessness (16.7%). In addition, healthy stress management declined by 21.8%, and optimism about the future dropped by 14.3%. Self-injury in the past year also increased by 9.4%, reaching 21.4% in 2024. Additionally, 10.6% seriously considered suicide, 7.9% made a plan, 4.8% attempted suicide, and 1.1% reported a suicide attempt that resulted in injury. These patterns call for increased access to mental health services and resilience-building interventions.

► **School absenteeism and tolerance of cheating are rising** – Skipping school rose to 46.2% (having 1 or more days student skipped or cut school), a 20.6% increase since 2010, while 28.4% of students believe cheating is acceptable—both areas higher than Missouri’s averages. These issues point to disengagement and the need for stronger school connection and ethics programming.

► **Peer gun carrying has risen sharply and safety concerns are elevated** – Safety-related absences increased by 6.8%, with 10.2% of students missing more than one day of school due to safety fears in 2024. Additionally, 24% of students reported that one or more of their friends carry a gun, a 16% increase since 2010. These concerning trends highlight the need for early intervention, violence prevention programming, and collaborative safety strategies.

► **Bullying remains prevalent, especially in online and physical forms** – In 2024, Lincoln County reported higher rates than Missouri in all eight bullying indicators. Emotional Bullying remains the most prevalent form. In 2024, 46.9% admitted to engaging in emotional bullying at least once in the past three months, while 60% reported being victims. Cyberbullying has increased the most significantly over time. In 2024, 19% admitted to cyberbullying others (a 14.2% increase), and 28.9% reported being victims (a 17.3% increase). Targeted anti-bullying efforts are needed across digital, physical, and emotional domains.



Positive Progress/Strengths

- ▶ **Lifetime and past-month substance use declined in most areas** – From 2010 to 2024, lifetime use declined in 15 of 16 substances, and past-month use declined in 12 of 13. Lifetime alcohol use on more than one occasion fell by 28.4%, cigarette use dropped 19.6%, and marijuana use declined 5.1%. These gains reflect the success of local prevention efforts.
- ▶ **Perceived harm of many substances increased and outpaced the state** – Between 2010 and 2024, perceived risk rose for seven substances. In 2024, Lincoln County students rated all ten substances as more harmful than their peers across Missouri, including alcohol (5 or more drinks, 1-2 times per week; 6.4%), marijuana (+4.5%) and prescription drug misuse (+3.7%).
- ▶ **Parental disapproval remained high and above state averages** – In 2024, Lincoln County parents reported stronger disapproval across all substance categories than the Missouri average, especially for marijuana smoking (+10.1%), vaping and alcohol (+8.6%), and prescription drug misuse (+8.5%). This protective stance supports community-wide prevention messaging.
- ▶ **Self-injury and suicide indicators improved since recent peaks** – While still concerning, rates of self-harm and suicide-related behaviors have declined since 2022. For example, seriously considering suicide dropped from 17.4% in 2022 to 10.6% in 2024. Lincoln County outperformed the state in all five related measures in 2024.
- ▶ **School climate showed gains in recognition, fairness, and engagement** – Seven of 11 school behavior indicators improved since 2010, including schools notifying parents with praise (+10.3%), no discrimination in student treatment (+9.8%), teacher recognition (+9.5%), and fairness of rules (+6.1%). In addition, there were fewer students who ignored rules (-7.9%) and were oppositional (-4.6%). These improvements reflect stronger student-adult relationships and opportunities for reinforcing positive behavior.
- ▶ **Fighting and physical aggression have declined** – Physical fights dropped from 25.4% in 2010 to 16.9% in 2024, and fights resulting in injury declined to 3.1%. Perception of school safety rose to 83.9%, suggesting a safer, more respectful learning environment despite emerging concerns.

Average Age Students Used Substances for the First Time

Areas Needing Attention:

The MSS captured the average age of first use for a variety of substances among students in Lincoln County. In 2024, age of first use for inhalants, over-the-counter (OTC) medications, and prescription medications was not assessed among LC students.

E-cigarette use among LC youth began at 12.6 years in 2024, earlier than the Missouri average of 13.2 years and slightly younger than LC's reported age of 12.8 in 2022. Cigarette use was also initiated slightly later in LC (12 years) than in Missouri overall (11.8 years), with a decrease in age from 12.2 in 2010 to 12.0 in 2024, suggesting a small improvement. While alcohol use in LC was reported at 12.3 years in 2024, slightly earlier than the Missouri average of 12.4 years, it reflects a slight decrease from 12.6 years in 2010, signaling continued exposure to early underage drinking. While data for over-the-counter (OTC) medication misuse in LC was last reported in 2022 at 10.6 years (vs. Missouri's 11.2 years), there is no 2024 update, making it difficult to assess trends. However, the prior figure was still younger than the state average, and as such, OTC medication misuse should continue to be monitored closely.

Strengths:

Some positive trends were observed for marijuana use, where the average first-use age in LC increased from 13.6 years in 2010 to 13.8 years in 2024, now slightly older than the Missouri average of 13.7 years.

Summary:

While a few substance categories showed slightly earlier ages of first use compared to state averages, most figures remained relatively stable over time. Marijuana showed a modest upward shift in first-use age. Continued monitoring and early prevention messaging may support efforts to delay substance initiation.



MSS Table 1. Missouri Student Survey – Age of First Use

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.
Age of First Use	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO
alcohol	12.6	12.6		12.4	12.5	11.7	12.5	12.3	12.4	-0.3	-0.1
cigarettes	12.2	12.4		13.4	13.3	13.1	11.8	12.0	11.8	-0.2	0.2
e-cigarettes							12.8	12.6	13.2	-0.2	-0.6
inhalants	11.2	12.7					9.8		10.1		
marijuana	13.6	13.9		14.6	14.5	14.8	13.5	13.8	13.7	0.3	0.1
OTC drugs							10.6		11.2		
Prescription (Rx) Drug Misuse					10.5	9.5	11.3		11.9		

Source: Missouri Department of Mental Health provided MSS data to BOLD to prepare in this format.
Rating Scale – average age of first use.

Note: Blank cells in the tables indicate that no data was collected or reported for those items in the corresponding years.

Ease of Availability of Substances

Areas Needing Attention:

The MSS asked Lincoln County students about the ease of access to various substances in their communities, based on the percentage who rated each substance as “very easy” or “sort of easy” to obtain. Among all substances, OTC drugs were reported as the most accessible, with 46.3% of students indicating ease of access—higher than the Missouri average of 43.6%. Alcohol (42.6%) and electronic cigarettes (41.6%) followed closely, both slightly exceeding state averages (39.9% and 40.9%, respectively). Cigarettes were reported as accessible by 30.1% of students, closely aligned with the Missouri rate of 30.3%. Prescription drugs were also perceived as more accessible in Lincoln County (19.0%) than statewide (16.9%).

Electronic cigarettes and synthetic drugs showed significant increases in perceived accessibility over time. The percentage of LC students reporting e-cigarettes as easy to access rose from 26.3% in 2016 to 41.6% in 2024, an increase of 15.3%. Similarly, access to synthetic drugs increased from 10.7% in 2016 to 21.8% in 2024, an 11.1% increase. These upward trends contrast with the overall pattern of declining accessibility observed in other substance categories.

Strengths:

Lincoln County students reported lower perceived access than the Missouri average for marijuana (25.7% in LC vs. 30.5% statewide) and other illicit drugs (6.9% vs. 8.5%). Long-term trends reflect meaningful reductions in availability across several substances. Compared to 2010, reported access to cigarettes fell by 30.7%, alcohol by 19.1%, other illicit drugs by 13.0%, prescription drugs by 12.4%, marijuana by 11.4%, and OTC drugs by 9.4%.

Summary:

Although access to OTC drugs, alcohol, and e-cigarettes remained relatively high and in some cases higher than state averages, several substances showed decreases in availability over time. However, increasing trends in the perceived accessibility of e-cigarettes and synthetic drugs suggest a need for continued monitoring and education related to emerging substances.

MSS Table 2. Ease of Availability

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.
Ease of Availability	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO
alcohol	61.7%	64.4%	32.9%	46.4%	57.2%	42.1%	50.5%	42.6%	39.9%	-19.1%	2.7%
cigarettes	60.7%	60.2%	13.9%	34.3%	48.1%	37.1%	32.5%	30.1%	30.3%	-30.7%	-0.2%
E-cigarettes				26.3%	44.0%	41.8%	45.3%	41.6%	40.9%	15.3%	0.7%
marijuana	37.1%	37.7%	0.0%	12.8%	34.2%	27.6%	30.0%	25.7%	30.5%	-11.4%	-4.8%
other illicit drugs	19.9%	14.1%	0.0%	3.4%	14.6%	8.9%	8.9%	6.9%	8.5%	-13.0%	-1.6%
OTC drugs		55.7%	9.8%	36.6%	46.2%	43.0%	50.0%	46.3%	43.6%	-9.4%	2.7%
Rx drugs		31.3%	11.6%	17.1%	26.8%	18.9%	20.7%	19.0%	16.9%	-12.4%	2.1%
synthetic drugs			10.7%	6.9%	23.3%	14.9%	24.6%	21.8%	21.0%	11.1%	0.8%

Rating scale – very easy/sort of easy

Substance Access Methods

Students who reported lifetime use of substances were also asked how they accessed them. The primary method of access varied by substance:

- **Friends** were the most commonly reported source for both e-cigarettes (40.3%) and marijuana (53.3%), highlighting the prominent role of peer networks in youth substance access. A substantial proportion of students also reported obtaining alcohol from friends (30.3%).
- **Family members** were the most frequently cited source for alcohol (41.8%) and also a significant source for marijuana (25.0%), cigarettes (14.0%), and e-cigarettes (9.4%). These figures suggest a shared access dynamic between family and peer relationships, particularly for alcohol.



- **Taking substances without permission** was the most frequently reported method of access for cigarettes, with 40.4% of users indicating this approach. It was also reported for alcohol (22.9%), marijuana (18.3%), and e-cigarettes (17.8%), pointing to unsupervised or opportunistic access in homes or other familiar environments.
- **Retail access** remained relatively limited across substances. In 2024, 10.9% of e-cigarette users, 12.3% of cigarette users, and 4.2% of alcohol users reported obtaining these products from a store, bar, or similar location. Purchasing from strangers or online sources was reported infrequently across all categories.
- **Other sources** were selected by a sizable portion of students, particularly for e-cigarettes (25.0%) and cigarettes (21.1%). While not specified, these sources may reflect informal or alternative means of access and warrant additional investigation. Marijuana users also reported accessing the substance through a dealer (20.0%), suggesting a continued presence of unregulated sources in some cases.

MSS Table 3. Missouri Student Survey Method of Access – 2024

Item	Alcohol	Cigarettes	E-Cigarettes	Marijuana
A family member gives or sells it to	41.8%	14.0%	9.4%	25.0%
A friend gives or sells it to me	30.3%	24.6%	40.3%	53.3%
Buy it online	1.2%	3.4%	3.1%	3.3%
I ask a stranger to buy it for me	2.4%	3.5%	4.7%	1.7%
I buy it from the store / bar / etc.	4.2%	12.3%	10.9%	NR
I take it without permission	22.9%	40.4%	17.8%	18.3%
I buy it from a dealer.	NR	NR	NR	20.0%
Other	20.5%	21.1%	25.0%	13.0%

*Among lifetime users. NR = not rated. Prescriptions not rated in 2024.

Lifetime Substance Use

Areas Needing Attention:

Students were asked whether they had ever used various substances in their lifetime. Of the 16 substances surveyed, seven were reported at higher rates among Lincoln County youth compared to the Missouri sample. However, only three substances exceeded the state average by more than 1%: alcohol use (23.7% for LC vs. 19.9% for MO), alcohol use on more than one occasion (22.2% for LC vs. 18.0% for MO), and chew use (2.7% for LC vs. 1.6% for MO).

As of 2024, the substances with the highest reported lifetime use among LC students were alcohol (23.7%), alcohol more than one time (22.2%), e-cigarettes (18.2%), marijuana (8.6%), and cigarette use (8.0%). E-cigarette use was the only substance that showed an increase in lifetime use between 2016 and 2024, rising from 16.9% to 18.2% (+1.3%). All other substances either declined or remained stable over that period.

MSS Table 4. Lifetime Substance Use Lincoln County 2010-2024

	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.
Lifetime Use	2010	2012	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO
alcohol use	45.6%	51.2%	42.9%	46.0%	31.7%	36.6%	23.7%	19.9%	-21.9%	3.8%
alcohol use (more than 1 time)		50.6%	42.3%	45.6%	31.0%	35.1%	22.2%	18.0%	-28.4%	4.1%
chew use	12.7%	14.8%	20.0%	12.3%	3.1%	4.6%	2.7%	1.6%	-10.0%	1.1%
cigarette use	27.6%	29.2%	22.0%	25.9%	8.1%	11.2%	8.0%	7.4%	-19.6%	0.6%
club drug use	1.4%	1.9%	0.0%	0.8%	0.0%	1.1%	0.1%	0.6%	-1.2%	-0.5%
cocaine use	1.5%	1.4%	1.4%	1.7%	1.1%	0.8%	0.6%	0.5%	-0.9%	0.1%
e-cigarette use			16.9%	25.8%	20.5%	26.4%	18.2%	18.0%	1.3%	0.2%
hallucinogen use	3.3%	2.6%	0.0%	1.8%	0.0%	1.6%	1.2%	1.9%	-2.1%	-0.7%
heroin use	0.6%	0.4%	0.0%	0.0%	0.0%	0.4%	0.1%	0.2%	-0.5%	-0.1%
hookah use			3.2%	5.9%	1.1%	3.0%	1.6%	2.9%	-1.6%	-1.3%
inhalant use	6.4%	3.7%	0.6%	2.4%	1.3%	2.2%	1.7%	2.4%	-4.7%	-0.7%
marijuana use	13.7%	17.2%	7.8%	13.3%	10.2%	13.8%	8.6%	12.7%	-5.1%	-4.1%
methamphetamine use	0.6%	1.2%	0.7%	0.0%	0.0%	0.3%	0.1%	0.3%	-0.5%	-0.2%
OTC drug misuse	6.3%	7.2%	0.3%	5.7%	2.0%	4.3%	2.8%	3.5%	-3.6%	-0.7%
Rx drug misuse	8.7%	8.8%	8.5%	7.2%	10.5%	5.0%	2.9%	3.3%	-5.8%	-0.4%
synthetic drug use		6.8%	0.7%	1.4%	1.3%	1.4%	1.7%	1.9%	-5.0%	-0.2%

Rating Scale – Yes at least once, except as noted for the second alcohol item.

Strengths:

Lincoln County students reported reductions in lifetime use for 15 out of the 16 substance categories between 2010 and 2024. The most substantial declines were observed in:

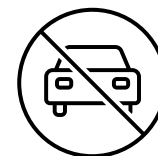
- **Alcohol use on more than one occasion:** down 28.4% (to 22.2% in 2024)
- **Overall alcohol use:** down 21.9% (to 23.7%)
- **Cigarette use:** down 19.6% (to 8.0%)
- **Chew use:** down 10.0% (to 2.7%)
- **Prescription drug misuse:** down 5.8% (to 2.9%)
- **Marijuana use:** down 5.1% (to 8.6%)
- **Inhalant use:** down 4.7% (to 1.7%)
- **OTC drug misuse:** down 3.6% (to 2.8%)

Lifetime use of the least commonly reported substances remained very low in 2024: heroin (0.1%), club drugs (0.1%), methamphetamines (0.1%), cocaine (0.6%), and hallucinogens (1.2%). Compared to the Missouri sample, Lincoln County students reported lower lifetime use in 9 of the 16 substance categories, with the most notable differences found in marijuana use (8.6% in LC vs. 12.7% in MO) and hookah use (1.6% in LC vs. 2.9% in MO).

Summary:

Although alcohol and chew use were reported at slightly higher rates than the state average, LC students reported lower use than their statewide peers in the majority of categories, with particularly low rates in several high-risk substances. Most substances saw significant declines in reported lifetime use from 2010 to 2024. E-cigarette use was the only category to increase slightly during this period. These patterns reflect promising trends in prevention while underscoring the importance of continued attention to alcohol and nicotine-related behaviors.

Past Month Substance Use



Areas Needing Attention:

Students were asked about their past month use of various substances, with responses reflecting use on at least one day unless otherwise noted. Among the 13 assessed behaviors, LC students reported higher past-month use than Missouri youth in six categories, though only two exceeded the state average by more than 1%: alcohol use (8.3% LC vs. 6.8% MO) and riding with a driver under the influence in the past month (14.6% vs. 13.0%).

The most frequently reported past-month behaviors in 2024 were riding with a driver under the influence (14.6%), alcohol use (8.3%), e-cigarette use (7.9%), marijuana use (3.9%), and cigarette use (2.7%). E-cigarette use was the only substance to show an increase over time, rising from 5.7% in 2016 to 7.9% in 2024, an increase of 2.2%. All other substances either declined or remained stable during that same period.

Strengths:

Lincoln County students reported declines in past-month use for 12 out of the 13 substance categories between the earliest data point and 2024. The largest reductions were observed in:

- **Alcohol use:** down 14.0% (from 22.3% to 8.3%)
- **Cigarette use:** down 12.7% (from 15.4% to 2.7%)
- **Past two-week binge drinking:** down 12.4% (from 15.2% to 2.7%)
- **Riding with a driver under the influence:** down 7.1% (from 21.7% to 14.6%)
- **Chew use:** down 5.9% (from 7.0% to 1.1%)
- **Prescription drug misuse:** down 3.7% (from 5.1% to 1.4%)
- **Marijuana use:** down 2.1% (from 6.0% to 3.9%)

The least commonly reported behaviors in the past month were driving under the influence (0.6%), hookah use (0.6%), inhalant use (0.7%), chew use (1.1%), and synthetic drug use (1.2%). Compared to the MO sample, LC students reported lower past-month use in 7 out of 13 categories, including OTC drug misuse (1.4% LC vs. 1.6% MO), inhalant use (0.7% vs. 1.1%), and e-cigarette use (7.9% vs. 9.1%).

Summary:

While LC youth reported slightly elevated past-month use in a few categories, including alcohol and riding with an impaired driver, use rates across most substances have declined over time. With 12 out of 13 substance categories showing decreases, these findings reflect positive progress in prevention efforts. Continued focus on alcohol, impaired driving, and nicotine-related behaviors may help build on these gains and further reduce youth substance use in the community.

MSS Table 5. Past Month Substance Use Lincoln County 2010-2024

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.
Past Month Use	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO
alcohol use	22.4%	22.7%	5.9%	27.0%	25.2%	15.1%	14.7%	8.3%	6.8%	-14.0%	1.5%
chew use	7.0%	8.3%		11.3%	8.7%	1.0%	1.3%	1.1%	0.5%	-5.9%	0.6%
cigarette use	15.4%	10.4%		9.9%	12.0%	1.9%	2.4%	2.7%	1.9%	-12.7%	0.8%
driving under the influence	2.9%	5.1%		4.8%	5.6%	7.2%	2.0%	0.6%	0.6%	-2.3%	0.0%
e-cigarette use				5.7%	15.4%	9.1%	14.0%	7.9%	9.1%	2.2%	-1.2%
hookah use				0.9%	1.8%	0.0%	1.8%	0.6%	1.3%	-0.4%	-0.7%
inhalant use	2.9%	1.2%		0.0%	0.3%	1.1%	1.0%	0.7%	1.1%	-2.1%	-0.4%
marijuana use	6.7%	6.7%		2.7%	6.0%	2.0%	7.5%	3.9%	7.3%	-2.8%	-3.4%
OTC drug misuse	4.0%	3.3%		0.0%	2.0%	1.1%	1.7%	1.4%	1.6%	-2.5%	-0.2%
Rx drug misuse	5.1%	3.8%	4.7%	4.3%	6.7%	7.6%	2.4%	1.4%	1.5%	-3.7%	-0.1%
riding with a driver under the influence	21.7%	21.6%	18.4%	24.5%	28.7%	23.5%	17.9%	14.6%	13.0%	-7.1%	1.6%
synthetic drugs		3.6%	0.0%	0.0%	0.4%	0.4%	0.5%	1.2%	0.9%	-2.5%	0.2%
past 2-weeks binge drinking		15.2%	0.0%	16.0%	11.9%	7.6%	5.5%	2.7%	2.2%	-12.4%	0.6%

Rating Scale – 1+ days; except for past two-weeks binge drinking - 1+ times.

Peer Substance Use

Areas Needing Attention:

Students were asked about their peers' substance use, with results reflecting the proportion who reported having at least one friend engaging in each behavior. In 2024:

- **Peer marijuana use** was reported by 36.8% of Lincoln County students, compared to 25.6% statewide (+11.2%).
- **Peer alcohol use** was reported at 37.4% in LC vs. 34.8% in Missouri (+2.6%).
- **Peer cigarette use** was reported at 16.9% in LC vs. 12.5% statewide (+4.4%).

In terms of trends over time (from 2010 to 2024):

- **Peer marijuana use increased by 1.0%** (from 35.7% to 36.8%).
- **Peer use of other illicit drugs increased by 5.3%** (from 17.3% to 22.6%).

Students were also asked about their perceptions of how peers feel about substance use. Peer disapproval remained relatively strong overall, but declines were observed in key areas. Disapproval of marijuana use dropped substantially from 95.3% in 2014 to 77.4% in 2024, a decrease of 17.9%. Cigarette use saw a smaller but still notable decline in peer disapproval, from 95.3% to 85.7% over the same period. In addition, 31.9% of Lincoln County students indicated that their peers would find having one or two alcoholic drinks nearly every day acceptable, which was 5.4% higher than the statewide average of 26.5%.

Strengths:

Three peer substance use indicators showed declines between 2010 and 2024:

- **Peer alcohol use decreased by 28.0%** (from 65.4% to 37.4%).
- **Peer cigarette use declined by 37.5%** (from 54.4% to 16.9%).
- **Peer use of other illicit drugs decreased by 5.3%** (from 27.9% in 2022 to 22.6%).

In 2024, Lincoln County outperformed the Missouri sample by more than 1% on two peer use indicators:

- **Peer use of other illicit drugs:** 22.6% (LC) vs. 24.3% (MO) (-1.8%)
- **Peer marijuana use at school:** 0.7% (LC) vs. 2.4% (MO) (-1.6%)

Perceived peer disapproval remained high for several substances. In 2024, 91.1% of students reported that their peers would disapprove of prescription drug misuse, 85.7% reported disapproval of cigarette use, and 81.7% reported disapproval of alcohol use. Peer disapproval of e-cigarette use was also relatively strong at 77.4%, slightly higher than the Missouri average of 75.6%. Disapproval of marijuana smoking remained high at 79.6%.

Summary:

Lincoln County students reported meaningful reductions in the perceived use of alcohol, cigarettes, and other illicit drugs among peers. However, peer marijuana use remained high and well above the state average. Declines in peer disapproval toward marijuana and cigarette use, along with increased acceptance of alcohol, point to shifting social norms. Continued prevention strategies focused on peer influence and social perception may help reinforce healthy behaviors and reduce risk.

MSS Table 6. Peer Substance Use Lincoln County 2010-2024

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.
Peer Use	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO
alcohol	65.4%	63.4%	41.8%	44.6%	50.4%	34.9%	47.7%	37.4%	34.8%	-28.0%	2.6%
smoking cigarettes	54.4%	44.7%	9.8%	28.8%	34.4%	24.7%	22.0%	16.9%	12.5%	-37.5%	4.4%
smoking marijuana	35.7%	40.4%	4.7%	15.7%	32.9%	26.3%	44.6%	36.8%	25.6%	1.0%	11.2%
other illicit drug use	17.3%	15.3%	0.0%	4.3%	9.2%	11.0%	27.9%	22.6%	24.3%	5.3%	-1.8%
school alcohol use		3.3%	0.0%	0.7%	0.2%	1.1%	1.1%	0.4%	0.6%	-2.9%	-0.2%
school marijuana use		0.9%	0.0%	0.0%	1.0%	0.0%	1.6%	0.7%	2.4%	-0.2%	-1.6%

Rating Scale – 1+ friends; school rating scale = 1+ days

MSS Table 7. Perception of Friends' Feelings Lincoln County 2014-2024

	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.
Perception of Friend's Feelings on	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO
student alcohol use	67.7%	72.4%	61.5%	82.8%	73.0%	81.7%	83.8%	14.0%	-2.1%
student cigarette use	95.3%	75.8%	69.3%	85.9%	81.4%	85.7%	84.8%	-9.6%	0.9%
student e-cigarette use				75.3%		77.4%	75.6%	2.1%	1.8%
student marijuana smoking						79.6%	76.6%		3.0%
student marijuana use	95.3%	90.5%	74.1%	84.0%	66.2%	77.4%	77.1%	-17.9%	0.3%
student Rx drug misuse	90.2%	93.5%	87.2%	94.4%	73.3%	91.1%	89.4%	0.9%	1.8%
student perception of peers having one or two alcoholic drinks nearly every day						31.9%	26.5%		5.4%

Rating Scale – peer items – wrong/ very wrong; last item = neither approve nor disapprove or somewhat disapprove



Perception of Harm and Perception of Substances Considered “Wrong”

Areas Needing Attention:

Students were asked to assess the level of harm they associate with various substances, combining responses of “moderate” and “great” risk. Between the earliest reported year and 2024, perceived risk declined for two of the ten substances:

- **Alcohol with no dosage specified** declined from 74.4% in 2010 to 62.8% in 2024 (–11.6%)
- **Synthetic drugs** declined from 95.3% in 2014 to 84.2% in 2024 (–11.0%)

In 2024, alcohol with no dosage specified had the lowest perceived harm among substances (62.8%), followed by marijuana (72.4%) and electronic cigarettes (75.0%).

Students were also asked how wrong they believed it was to use certain substances. Between the earliest reported year and 2024, three substances showed a decline in perceived wrongness:

- **OTC drug misuse**, which declined from 96.1% in 2016 to 93.4% in 2024 (–2.7%)
- **Alcohol (5+ drinks 1–2x/week)**, down from 94.1% in 2014 to 92.7% (–1.4%)
- **Marijuana**, down from 88.6% in 2016 to 87.3% (–1.3%)

Strengths:

Perceptions of harm increased over time for seven substances between their earliest reported year and 2024. The following showed increases greater than 1%:

- **Alcohol (5+ drinks 1–2x/week)** rose from 69.7% in 2014 to 83.9% in 2024 (+14.1%)
- **Electronic cigarettes** increased from 62.3% in 2016 to 75.0% (+12.7%)
- **Alcohol (1–2 drinks almost daily)** increased from 64.8% in 2014 to 75.0% (+10.2%)
- **Cigarettes (1+ packs/day)** rose from 78.8% in 2016 to 85.7% (+6.9%)
- **Marijuana** increased from 68.2% in 2010 to 72.4% (+4.2%)
- **Rx drug misuse** increased from 87.8% in 2012 to 89.2% (+1.4%)

In 2024, Lincoln County students rated all ten substances as more harmful than their peers statewide. The largest differences were observed for:

- **Alcohol (5+ drinks 1–2x/week)**: 83.9% LC vs. 77.5% MO (+6.4%)
- **Marijuana**: 72.4% LC vs. 67.9% MO (+4.2%)
- **Rx drug misuse**: 89.2% LC vs. 85.5% MO (+3.7%)
- **Cigarettes**: 85.7% LC vs. 82.2% MO (+3.5%)
- **Synthetic drugs**: 84.2% LC vs. 81.9% MO (+2.3%)



MSS Table 8. Perception of Harm for Various Substances Lincoln County 2010-2024

Perception of Harm	LC 2010	LC 2012	LC 2014	LC 2016	LC 2018	LC 2020	LC 2022	LC 2024	MO 2024	% Diff. * to 2024	% Diff. LC to MO
alcohol (1 -2 drinks almost daily)			64.8%	49.6%	56.4%	70.9%	66.5%	75.0%	71.6%	10.2%	3.4%
alcohol (5+ drinks 1-2x a week)			69.7%	62.6%	69.8%	79.8%	76.1%	83.9%	77.5%	14.1%	6.4%
alcohol (no dosage)	74.4%	67.8%		50.1%	61.5%	72.2%	59.8%	62.8%	62.7%	-11.6%	0.1%
cigarettes (1+ pack per day)				78.8%	83.5%	86.9%	82.7%	85.7%	82.2%	6.9%	3.5%
e-cigarettes				62.4%	57.0%	76.8%	66.1%	75.0%	72.2%	12.7%	2.8%
marijuana	68.2%	71.3%	100.0%	74.8%	67.0%	78.8%	64.4%	72.4%	67.9%	4.2%	4.5%
other illicit drugs	91.4%	93.6%	100.0%	88.0%	92.3%	96.7%	90.6%	91.8%	88.4%	0.4%	3.4%
OTC drugs to get high		80.2%	95.3%	76.1%	82.1%	80.1%	73.4%	80.3%	77.6%	0.0%	2.7%
Rx drug misuse		87.8%	95.3%	85.9%	88.4%	93.6%	87.5%	89.2%	85.5%	1.4%	3.7%
synthetic drugs			95.3%	87.0%	89.8%	91.0%	84.1%	84.2%	81.9%	-11.0%	2.3%

Rating Scale – Moderate risk and great risk.

Perceived wrongness remained high across most substances in 2024. The highest levels were reported for Rx drug misuse (95.8%), OTC drug misuse (93.4%), alcohol (5+ drinks 1–2x/week; 92.7%), cigarette use (92.1%), and alcohol (1–2 drinks almost daily; 91.6%).

Summary:

Although perceived harm declined for alcohol (no dosage) and synthetic drugs, Lincoln County students increasingly recognized the risks associated with most other substances. In every category, they rated substance use as more harmful than their peers statewide. Perceived wrongness of use also remained high overall. However, declining disapproval of marijuana and OTC misuse highlights opportunities for targeted prevention efforts focused on correcting misconceptions and reinforcing risk awareness.

MSS Table 9. Perception of Substance Being Wrong- Lincoln County 2010-2024

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.
Perception of Wrongness	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO
alcohol				54.3%	57.5%	79.0%	67.9%	77.5%	81.2%	23.2%	-3.7%
alcohol (1-2 drinks almost daily)			88.6%	76.0%	76.8%	91.5%	85.7%	91.6%	92.3%	2.9%	-0.7%
alcohol (5+ drinks 1-2x/week)			94.1%	76.3%	78.9%	92.7%	88.3%	92.7%	93.5%	-1.4%	-0.8%
cigarettes	77.8%	79.8%		82.9%	79.3%	93.8%	89.1%	92.1%	92.1%	14.3%	0.0%
electronic cigarettes				80.1%	73.0%	83.0%	79.0%	86.6%	86.6%	6.5%	0.0%
marijuana				88.6%	82.7%	87.7%	80.9%	87.3%	83.9%	-1.3%	3.4%
marijuana (1-2 times a week)								89.4%	86.5%		2.9%
marijuana (smoke)								87.5%	77.1%		10.4%
OTC drug misuse				96.1%	92.7%	89.4%	91.0%	93.4%	93.0%	-2.7%	0.4%
Rx drug misuse		90.5%	98.2%	96.1%	93.7%	97.1%	93.8%	95.8%	95.6%	5.3%	0.2%

Rating scale - wrong/very wrong



Parental Perception of Teen Substance Use in Lincoln County: 2018-2024 Trends

Parental disapproval of teen substance use in Lincoln County has remained high across most categories over the past decade. While attitudes continue to reflect strong concern, subtle shifts are evident in some areas, especially regarding daily alcohol consumption and misuse of prescription or over-the-counter drugs. When compared to Missouri, Lincoln County parents consistently demonstrate higher levels of disapproval, often by notable margins.

Marijuana: Sustained High Disapproval

Disapproval of student marijuana use has remained strong since it was first reported in 2010 (92.6%), rising modestly to 93.5% in 2024, a 0.9% increase. When specifically asked about marijuana smoking in 2024, disapproval was even higher at 94.6%, 10.1% above the Missouri average. Overall, parental attitudes toward marijuana remain more restrictive in Lincoln County than across the state.

Alcohol: Increased Concern, but Some Softening on Daily Use

Parental disapproval of general alcohol use rose from 81.9% in 2016 to 94.1% in 2024, marking a 12.2% increase. In 2024, this rate was 8.6% higher than the Missouri average of 85.5%. However, views on near-daily drinking have softened. Disapproval of students drinking one to two alcoholic beverages nearly every day declined from 95.3% in 2014 to 83.3% in 2024, a 12.0% decrease, though it remains 3.8% higher than the Missouri average of 79.5%.

Cigarettes and Vaping: Strong and Stable Opposition

Parental disapproval of student cigarette use increased from 87.4% in 2010 to 95.2% in 2024, reflecting a 7.7% rise. This level is also 7.8% above the Missouri average. Vaping, included in the survey for the first time in 2024, received a disapproval rating of 94.1%, placing Lincoln County 8.6% higher than the state on this emerging concern.

Prescription and OTC Drug Misuse: Slight Decreases, but Still High Disapproval

Although still strongly opposed, parental disapproval of substance misuse involving medications has declined slightly over time. Disapproval of over-the-counter drug misuse fell by 1.1% from its earliest measure in 2012 (95.8%) to 94.7% in 2024, while prescription drug misuse declined by 0.8% from 2012 (95.3%) to 94.6%. In 2024, Lincoln County still reported higher disapproval than the state for both OTC misuse (+7.3%) and Rx misuse (+8.5%).

Lincoln County vs. Missouri: Consistently Higher Parental Disapproval

In 2024, Lincoln County parents expressed higher disapproval than Missouri parents across all substances. The largest gaps were observed in marijuana smoking (+10.1%), marijuana use (+9.0%), vaping (+8.6%), prescription drug misuse (+8.5%), and cigarette use (+7.8%). These differences suggest a community culture that more strongly discourages youth substance use than the state overall.

MSS Table 10. Perception of Parental Feelings on Various Substances- Lincoln County 2010-2024

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.
Parental Feelings on	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO
student marijuana use	92.6%	93.3%	100.0%	96.4%	92.1%	96.4%	90.2%	93.5%	84.5%	0.9%	9.0%
student marijuana smoking								94.6%	84.5%		10.1%
student alcohol use				81.9%	73.7%	87.9%	90.9%	94.1%	85.5%	12.2%	8.6%
student alcohol use (1-2 drinks nearly every day)			95.3%	90.6%	90.5%	97.6%	78.6%	83.3%	79.5%	-12.0%	3.8%
student cigarette use	87.4%	88.9%	100.0%	94.2%	91.7%	96.9%	94.4%	95.2%	87.4%	7.7%	7.8%
student OTC drug misuse		95.8%	100.0%	98.4%	96.7%	97.6%	92.7%	94.7%	87.4%	-1.1%	7.3%
student Rx drug misuse		95.3%	100.0%	97.3%	96.2%	96.9%	92.7%	94.6%	86.0%	-0.8%	8.5%
student vaping								94.1%	85.5%		8.6%

Rating scale - wrong/very wrong

Summary

Lincoln County parents continued to express high levels of disapproval toward teen substance use, particularly marijuana, alcohol, and tobacco. While concern remained strong overall, slight decreases in disapproval for daily alcohol use and medication misuse suggest subtle shifts in perception. Even so, Lincoln County consistently reported stronger disapproval than the Missouri average, pointing to a protective community stance on youth substance behavior.

Implications and Recommendations for Substance Use Prevention & Intervention

While Lincoln County has shown promising reductions in many areas of youth substance use, concerning patterns remain. Early initiation of use, particularly for inhalants and prescription drugs, along with perceived ease of access to substances like alcohol, e-cigarettes, and over-the-counter medications, signal a continued need for proactive, targeted prevention. The following recommendations aim to support and strengthen youth prevention and early intervention efforts across the community.

1. Early Prevention and Education

- Implement substance use prevention programming before middle school, given early first use trends for several substances. Inhalants, for example, were first used at an average age of 9.8 years, and prescription drug misuse was first reported at 10.5 years.
- Alcohol and tobacco products also showed early experimentation, with alcohol use beginning at an average age of 12.3 years and cigarette use at 12.0 years in 2024. These ages highlight the importance of timely and developmentally appropriate education.
- Expand classroom-based prevention curriculum that includes the health risks of early and consistent use of alcohol, e-cigarettes, marijuana, and prescription medications.
- Develop peer education and leadership programs to address common access points—such as receiving substances from friends or family—and correct misperceptions about substance safety or normalcy.

2. Parental and Guardian Involvement

- Promote secure storage and proper disposal of OTC and prescription medications, alcohol, and vape products in homes to limit youth access.
- Increase parent-focused education on local substance use trends, including declining disapproval of daily alcohol use and early onset of misuse.
- Support families with communication tools that help them talk openly with their children about risk, peer pressure, and safe decision-making.
- Provide easily accessible guides for identifying signs of use, knowing when to intervene, and accessing school or community-based resources.

3. Community and School Collaboration

- Continue to provide and strengthen consistent, evidence-informed prevention programming in school settings, targeting both risk reduction and skill-building (e.g., refusal skills, managing stress, conflict resolution).
- Expand availability of extracurricular programs and youth-centered, substance-free activities to reduce risk factors such as boredom or unsupervised time.
- Ensure that school staff are trained to identify early warning signs of use, particularly in students who report any level of experimentation or curiosity-driven behavior.

4. Awareness Campaigns and Risk Perception

- Use media and outreach campaigns to correct student misperceptions of harm, especially related to marijuana (72.4%), alcohol (62.8%), and e-cigarettes (75.0%), all of which had lower risk ratings than most other substances in 2024.
- Emphasize the risks of frequent alcohol use, including its connection to mental health issues, academic impacts, and impaired driving.
- Target risk perception among students who believe daily alcohol use is only moderately harmful or socially acceptable, as peer and parental disapproval of daily drinking has declined in recent years.
- Continue building youth understanding of the risks of vaping, prescription drug misuse, and driving or riding with impaired drivers, the latter of which was reported by 14.6% of students in the past month.

5. Policy and Enforcement Efforts

- Strengthen enforcement of age-based sales restrictions for alcohol, e-cigarettes, and tobacco products through retailer education and regular compliance checks.
- Collaborate with pharmacies and community agencies to expand secure medication drop-off sites, reducing the availability of unused prescription drugs.
- Ensure that community-based events and schools promote substance-free norms, and that local ordinances and school policies are aligned with youth prevention goals.

6. Continuous Monitoring and Data-Driven Interventions

- Maintain regular collection of student substance use and perception data to inform prevention programming, including trends in first use, peer access, and misperceived safety.
- Track shifts in parental attitudes, including a 12.0% decline in disapproval of daily student alcohol use since 2014, to tailor family outreach strategies.
- Evaluate the reach and effectiveness of school and community programs to ensure continuous improvement and responsiveness to evolving local trends.



Mental Health Items, including Youth Depression

Areas Needing Attention:

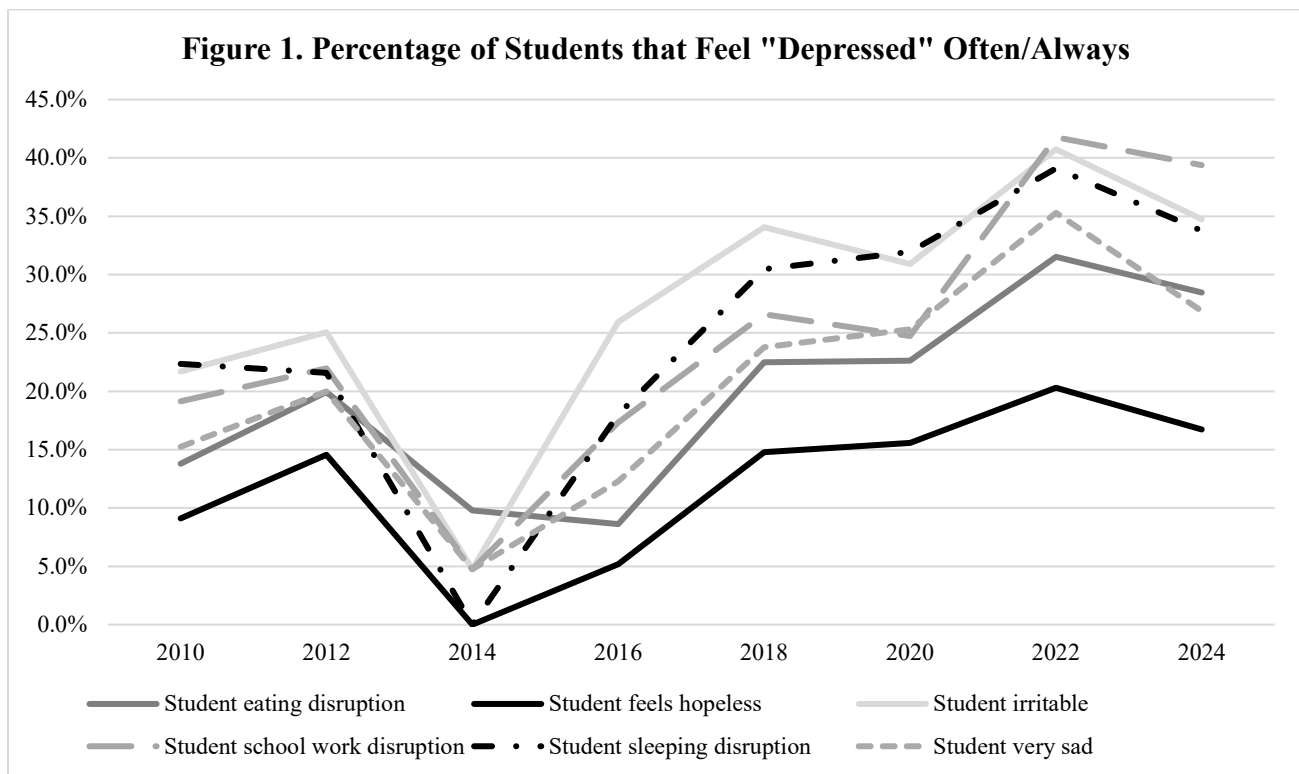
Students were asked how often they experienced six depression-related symptoms in the past 30 days, with percentages reflecting those who responded “often” or “always.” Data from 2010 to 2024 show a clear increase in all six indicators of student depression, with several symptoms more than doubling over the 14-year period.

The most commonly reported symptom in 2024 was **disruption with school work**, reported by **39.4%** of students, up 20.3% from 19.1% in 2010, and 1.7% higher than the Missouri average. Other frequently reported symptoms included **irritability (34.7%)**, **sleeping disruptions (33.7%)**, and **feeling very sad (26.9%)**.

The sharpest increases from 2010 to 2024 were seen in:

- **Eating disruption:** 13.8% → 28.5% (+14.7%)
- **Irritability:** 21.7% → 34.7% (+13.0%)
- **Sleep disruption:** 22.3% → 33.7% (+11.4%)
- **Feeling very sad:** 15.2% → 26.9% (+11.7%)
- **Hopelessness:** 9.1% → 16.7% (+7.6%)

Compared to the Missouri sample, Lincoln County students were within 1% for nearly all depression indicators in 2024. The only items with a rate higher than 1% in comparison to Missouri was school/work disruption (+1.7%).



Students were also asked about their sense of optimism, stress management, adult support, and access to help. Between 2016 and 2024, three out of four indicators showed notable declines:

- **Healthy stress management** declined from 74.5% to 52.7% (–21.8%)
- **Knowledge of where to go for help** dropped from 86.5% to 69.1% (–17.4%)
- **Optimism about the future** decreased from 84.4% to 70.1% (–14.3%)
- **Adult support when overwhelmed** declined from 87.5% to 75.0% (–12.5%)

Both optimism and stress management levels in 2024 remained slightly below Missouri averages, but by less than 1%.

Strengths:

Despite concerning mental health trends, Lincoln County students reported higher levels of adult support and community awareness than their peers statewide:

- 75.0% of students said they have adults to turn to when feeling overwhelmed (+4.3% vs. MO)
- 69.1% said they know where to go in their community for help (+0.9% vs. MO)

These findings suggest that, while internal coping and emotional well-being may be declining, external support systems such as trusted adults and community resources, remain relatively strong and could serve as protective factors.

Summary:

Lincoln County students experienced increasing rates of all six measured symptoms of depression, particularly in areas affecting school performance, mood, and sleep. While the overall rates aligned closely with Missouri's, the long-term trend points to a growing mental health need among youth. Declines in optimism and stress management further highlight the need for systemic supports that strengthen emotional regulation and resilience. Encouragingly, students reported strong connections to adults and awareness of local help, assets that can be leveraged through expanded school-based mental health services, early identification, and community collaboration.



MSS Table 11. Depression & Other Mental Health Related Items – 2010 to 2024

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.
Depression scale	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO
student eating disruption	13.8%	19.9%	9.8%	8.6%	22.5%	22.6%	31.5%	28.5%	28.1%	14.7%	0.4%
student feels hopeless	9.1%	14.6%	0.0%	5.2%	14.8%	15.6%	20.3%	16.7%	16.6%	7.6%	0.1%
student irritable	21.7%	25.1%	4.7%	25.9%	34.1%	30.9%	40.7%	34.7%	35.7%	13.1%	-1.0%
student school work disruption	19.1%	22.0%	4.7%	17.3%	26.6%	24.7%	41.8%	39.4%	37.7%	20.2%	1.7%
student sleeping disruption	22.3%	21.6%	0.0%	18.0%	30.5%	32.0%	39.1%	33.7%	33.8%	11.4%	-0.1%
student very sad	15.2%	20.0%	4.7%	12.3%	23.8%	25.3%	35.3%	26.9%	27.4%	11.6%	-0.5%

Rating Scale – Often/Always

MSS Table 12. Student Support Related Items – 2016 to 2024

	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.
Item	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO
student feels optimistic about their future	84.4%	71.8%	70.3%	71.4%	70.1%	70.5%	-14.3%	-0.4%
student feels that they handle stress in a healthy way	74.5%	57.4%	58.3%	52.0%	52.7%	53.5%	-21.8%	-0.8%
student has adults in their life to turn to when things feel overwhelming	87.5%	75.7%	77.6%	71.2%	75.0%	70.7%	-12.5%	4.3%
student knows where to go in their community to get help	86.5%	75.7%	81.3%	66.1%	69.1%	68.2%	-17.4%	0.9%

Rating Scale – Agree/Strongly Agree

Self-Injury/Suicide Among Students

Areas Needing Attention:

Students were asked whether they had considered suicide, made a plan, attempted suicide, or engaged in self-injury in the past year. Most indicators remained relatively stable or showed minor fluctuations over time; however, the overall rates continue to reflect a critical need for mental health support among youth.

- In 2024, **21.4%** of Lincoln County students reported engaging in **self-injury**, while **10.6%** had **seriously considered suicide**, **7.9%** had **planned suicide**, **4.8%** had **attempted suicide**, and **1.1%** reported a **suicide attempt that resulted in injury**. While these numbers reflect some improvement from recent years—particularly following peaks in 2022—they are still elevated when compared to earlier data points from the past decade. Self-injury was one of the items that peaked at 26.3% in 2022, but dropped to 21.4% in 2024, representing a 5% improvement since this highest mark. However, self-injury was at 12% in 2012, representing a 9.4% increase over time.

Compared to the Missouri sample, LC students reported slightly lower rates across all five suicide- and self-harm-related indicators in 2024. The most notable difference was in the percentage of students who seriously considered suicide (10.6% LC vs. 11.7% MO, a –1.1% difference), and those who planned suicide (7.9% LC vs. 8.4% MO, a –0.5% difference).

Strengths:

Despite some recent increases in previous years, all five self-harm and suicide-related indicators in Lincoln County have improved since their highest recorded points. Notable changes between the earliest available year and 2024 include:

- Planning suicide** increased from 7.5% in 2010 to 7.9% in 2024, showing slight fluctuation but an overall stable trend, but decreased from 12.5% reported in 2022.
- Seriously considering suicide** rose from 9.7% in 2010 to a peak of 17.4% in 2022, but has since dropped to 10.6% in 2024, nearly returning to early baseline levels.
- Attempting suicide** increased slightly from 4.5% in 2010 to 4.8% in 2024 yet decreased from 8.5% reported in 2022.
- Suicide attempts resulting in injury** declined from 1.9% in 2010 to 1.1% in 2024, a 0.8% decrease.

Although some metrics remain elevated compared to early years, the recent declines in both suicide-related thoughts and behaviors since 2022 are encouraging. Continued support efforts may be contributing to these improvements.

Summary:

Lincoln County students continued to report significant rates of self-injury and suicidal thoughts, with roughly 1 in 5 students who engaged in self-harm and 1 in 10 who seriously considered suicide in the past year. However, the overall trends since 2022 showed improvement, and 2024 rates were slightly better than Missouri's in all areas measured. These findings emphasize the importance of sustaining and expanding mental health programming in schools, early identification efforts, peer support systems, and trauma-informed responses to help reduce student distress and prevent suicide.

MSS Table 13. Suicide-Related Items – 2010 to 2024

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.
Item	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO
self-injury		12.0%	0.0%	9.8%	16.1%	22.2%	26.3%	21.4%	21.5%	9.4%	-0.1%
past year planning suicide	7.5%	0.0%	1.8%	1.5%	7.3%	7.3%	12.5%	7.9%	8.4%	0.5%	-0.5%
past year seriously considering suicide	9.7%	10.4%	1.8%	6.9%	10.6%	13.6%	17.4%	10.6%	11.7%	0.9%	-1.1%
past year attempting suicide	4.5%	4.6%	0.0%	5.6%	5.4%	5.3%	8.5%	4.8%	5.2%	0.2%	-0.4%
past year suicide with injury	1.9%	1.4%	5.0%	0.0%	1.8%	0.0%	1.3%	1.1%	1.4%	-0.8%	-0.3%

Rating scale – yes except attempting suicide is 1+ time.

Implications and Recommendations – Lincoln County Student Mental Health and Suicide Prevention

- **Expand school-based mental health services** by increasing the availability of counselors, social workers, and crisis intervention professionals. Given the consistent rise in depression symptoms—particularly school work disruption (39.4%) and irritability (34.7%)—schools should offer more accessible and timely support for students in distress.
- **Strengthen universal mental health education** for students and staff by incorporating classroom lessons, assemblies, and staff development on stress, emotional regulation, coping strategies, and suicide prevention. Include content that addresses stigma and encourages early help-seeking.
- **Prioritize targeted supports for students with academic disruption due to mental health**, as this was the most commonly reported symptom in 2024 and saw a 20.3% increase since 2010. Interventions might include academic accommodations, check-ins with trusted adults, or integration of social-emotional learning into instruction.
- **Develop and expand peer-led support networks and mentorship programs** to reduce isolation and build a sense of connection. Given recent improvements in adult support access, fostering similar student-level peer connections can further strengthen protective factors.
- **Promote healthy stress management strategies** across all grade levels. With 52.7% of students reporting that they manage stress in a healthy way—a 21.8% drop since 2016—programming should teach practical skills such as mindfulness, time management, and help-seeking behaviors.
- **Enhance awareness of available community-based mental health resources**, especially for younger students and families. Though 69.1% of students said they know where to go for help, this represents a decline from previous years and should be reinforced through campaigns, posters, handouts, and online resource hubs.
- **Increase outreach and resources for students engaging in self-injury or reporting suicidal thoughts**, especially those who have attempted suicide (4.8%) or considered suicide in the past year (10.6%). Ensure these students receive comprehensive assessment, referral to services, and ongoing monitoring.
- **Encourage family involvement in mental health education and suicide prevention**, equipping parents and caregivers with tools to identify early signs of depression, ask difficult questions, and create open lines of communication.
- **Support resilience-building initiatives** to reverse the decline in students' sense of optimism about their futures (–14.3% since 2016). Schoolwide programs should promote hope, purpose, and future planning as protective buffers against depression and despair.

By prioritizing access, connection, and education across all systems that support youth, including schools, families, peers, and communities, Lincoln County can more effectively respond to rising mental health needs, reduce risk of self-harm, and foster greater well-being among students.

School-based Student Behaviors

Areas Needing Attention:

Students were asked about school-based behaviors and perceptions of discipline, recognition, and parental involvement. Most items reflect agreement with positive school experiences, though several indicators point to areas needing attention.

The most concerning trend is found in **student absenteeism** (defined as 1 or more days a student skipped or cut school), which rose to **46.2%** in 2024, a 20.6% increase since 2010 and the highest reported rate among all behavior-related indicators. Similarly, the percentage of students who **believe it is okay to cheat** increased from **22.5% in 2010 to 28.4% in 2024**, a 5.9% increase.

Lincoln County underperformed in comparison to the Missouri sample on 4 of the 11 indicators, with the largest differences found in discrimination of student treatment (4.1% lower than MO), and students skipping or cutting school (2.1% higher than Missouri).

Strengths:

Of the 11 school-based behavior indicators, seven showed improvement between 2010 and 2024, listed from greatest to smallest positive change:

- **School notifies parents with praise** rose from 33.8% to 44.1% (+10.3%)
- **No discrimination in student treatment** increased from 70.1% to 79.9% (+9.8%)
- **Teachers notice and comment on good work** increased from 67.1% to 76.6% (+9.5%)
- **Student ignores rules** declined from 23.7% to 15.8% (-7.9%), indicating fewer students report actively disregarding rules
- **Rules are enforced fairly** rose from 58.7% to 64.8% (+6.1%)
- **Parents check on students' homework** increased from 77.3% to 83.1% (+5.8%)
- **Student is oppositional** declined from 18.8% to 14.2% (-4.6%)



In 2024, Lincoln County outperformed the Missouri sample on 7 of 11 indicators, with the most significant differences found in parental monitoring, recognition, and student engagement measures. These strengths in adult involvement and communication offer a foundation to address more concerning trends such as absenteeism and attitudes toward academic integrity.

MSS Table 14. School-based Behaviors – 2010 to 2024

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.
Item	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO
no discrimination in student treatment	70.1%	71.7%	97.6%	77.6%	80.3%	89.6%	82.1%	79.9%	84.0%	9.8%	-4.1%
rules are enforced fairly	58.7%	58.8%	90.2%	77.0%	63.6%	72.8%	67.0%	64.8%	66.7%	6.1%	-1.9%
parents check on students homework	77.3%	76.1%	100.0%	84.0%	75.3%	87.1%	79.4%	83.1%	74.8%	5.8%	8.2%
parents consult student when making decisions	70.7%	64.9%	71.3%	77.1%	67.4%	70.0%	65.5%	70.2%	65.9%	-0.5%	4.3%
parents notice and comment on good work	83.1%	80.0%		77.1%	86.6%	85.3%	78.1%	83.1%	76.0%	0.0%	7.1%
school notifies parents with praise	33.8%	31.0%	49.7%	51.6%	43.8%	52.5%	38.5%	44.1%	40.3%	10.3%	3.8%
teachers notice and comment on good work	67.1%	64.3%	85.5%	85.6%	75.3%	84.2%	76.4%	76.6%	74.4%	9.5%	2.2%
student believes it is ok to cheat	22.5%	27.6%	20.2%	28.1%	19.4%	19.3%	32.9%	28.4%	27.6%	5.9%	0.8%
student ignores rules	23.7%	20.0%	17.8%	14.3%	17.6%	15.4%	18.9%	15.8%	17.2%	-7.9%	-1.4%
student is oppositional	18.8%	18.2%	0.0%	12.6%	17.0%	13.5%	16.2%	14.2%	14.4%	-4.6%	-0.2%
days skipped or cut		25.5%	7.4%	17.3%	24.5%	27.7%	34.5%	46.2%	44.0%	20.6%	2.1%

Rating Scale – Agree/Strongly Agree for all except days skipped or cut = 1+ days

Implications and Recommendations – Lincoln County School-based Student Behaviors

- **Address high absenteeism** through early intervention and student re-engagement strategies. With nearly half of students (46.2%) reporting at least one skipped day in the past month, schools should prioritize monitoring attendance and implementing personalized supports such as home visits, student check-ins, and restorative attendance plans.
- **Reporting/addressing discrimination issues** for students that may be feeling this affects their school and/or social life.
- **Strengthen academic integrity programs** to respond to the growing percentage of students who believe cheating is acceptable. Introduce classroom discussions, honor codes, digital citizenship education, and consistent consequences to reinforce ethical decision-making.
- **Enhance consistency in rule enforcement** by offering professional development for staff on equitable discipline practices. Even with some improvement since 2010, perceptions of fair enforcement remain relatively low and should be addressed through student feedback and staff reflection.
- **Leverage strong parental engagement** by increasing opportunities for parent-school collaboration. High rates of parental monitoring and praise suggest that families are engaged and should be invited into student goal-setting, academic planning, and behavior reinforcement.
- **Build on improvements in teacher and school recognition** by expanding systems that highlight student achievement and positive behavior. Praise calls, notes home, awards, and classroom recognition can help sustain motivation and connection to school.
- **Expand student voice and leadership initiatives** to encourage ownership of school culture. When students are consulted in decision-making and behavioral expectations, they are more likely to feel respected and included, supporting stronger engagement and reduced oppositional behaviors.
- **Promote school climate strategies that emphasize inclusivity, consistency, and connection.** Reinforce clear expectations while continuing to cultivate a supportive learning environment grounded in relationships and belonging.

Fighting & Perception of School Safety

Areas Needing Attention:

Students were asked about various areas related to fighting and school safety, with the rating scale for each item shown in the last column of the table below. While several positive trends were observed, one indicator revealed a significant and concerning increase over time. The percentage of students reporting that they have **one or more friends who carry a gun** rose from **8.0% in 2010 to 24.0% in 2024**, a 16.0% increase over the 14-year period. This rate is also substantially higher than the Missouri average of 10.0%.

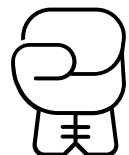
Other areas of concern include the percentage of students who **missed school due to safety concerns**, which increased from **3.4% in 2012 to 10.2% in 2024**, reflecting a 6.8% increase over time. While LC remains slightly below the Missouri average of 10.8%, the upward trend highlights a growing concern. Additionally, **being threatened with a weapon at school** rose to **10.5%** in 2024, its highest reported level since 2010 (and 1.8% higher than MO).

Rates of **past-year fighting** have decreased slightly since 2010 yet still remain elevated compared to Missouri (16.9% in Lincoln County vs. 14.9% statewide).

Strengths:

Despite these concerns, several positive trends point to improved student behavior and perception of school safety in Lincoln County:

- **Past-year fighting** declined from 25.4% in 2010 to 16.9% in 2024 (–8.5%)
- **Perception of school safety** remained relatively strong, with 83.9% of students agreeing or strongly agreeing that school is safe—up 5.3% from 2010
- **Fighting with injury** decreased from 5.1% to 3.1% (–2.0%)
- **Victim of a weapon threat at school** declined slightly since 2010 (from 11.6% to 10.5%), though recent increases warrant attention



These trends suggest that while violent behaviors remain a concern for a portion of the student population, general perceptions of safety and rates of physical altercations have improved over the long term.

Summary:

The data revealed mixed findings for Lincoln County. Encouragingly, rates of physical fighting decreased since 2010, and most students reported feeling safe at school. However, the sharp rise in reported **peer gun carrying**, which more than doubled since 2010, and recent increases in **safety-related absenteeism** and **weapon threats** signal a need for continued prevention efforts. Ongoing investment in violence prevention, school climate initiatives, and mental health supports will be critical for creating a safer and more secure environment for all students.

MSS Table 15. Fighting & Perception of School Safety – 2010 to 2024

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.
Item	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO
past year fighting	25.4%	19.0%	5.9%	17.0%	23.2%	16.4%	18.7%	16.9%	14.9%	-8.4%	2.1%
past year fighting with injury	5.1%	1.8%	0.0%	0.8%	2.6%	4.2%	2.8%	3.1%	2.1%	-2.0%	0.9%
past year victim of weapon threat at school	11.6%	5.2%	0.0%	5.9%	4.8%	10.0%	8.3%	10.5%	8.8%	-1.1%	1.8%
perception of school safety	78.6%	89.3%	84.3%	96.8%	85.5%	88.0%	84.9%	83.9%	81.9%	5.3%	2.0%
days missed due to safety concerns		3.4%	0.0%	2.2%	8.2%	3.9%	8.6%	10.2%	10.8%	6.8%	-0.6%
peer gun carrying	8.0%	7.0%	0.0%	13.4%	14.2%	11.0%	30.0%	24.0%	10.0%	16.0%	14.0%

Rating Scale – 1+ times for first three items; agree/strongly agree for perception of school safety; 1+ days for days missed; 1+ friends for peer gun carrying

Implications and Recommendations – Lincoln County School Safety & Fighting

- **Address peer gun carrying** by implementing peer-focused violence prevention programs, anonymous reporting systems, and partnerships with local organizations focused on gun safety and youth intervention. The 24% reporting a peer who carries a gun represents could be a focal area for prevention.
- **Reduce safety-related absenteeism** through trauma-informed approaches, increased visibility of school staff, and enhanced communication channels between students, counselors, and caregivers. With missed school due to safety concerns rising to 10.2%, direct outreach to affected students is needed.
- **Sustain anti-violence education and behavior supports** to continue reducing fighting and injury rates. Programs that teach de-escalation, empathy, and conflict resolution should remain a key part of the school culture.
- **Improve perception of school safety** by involving students in school climate and safety initiatives. Maintain strong supervision, reinforce behavioral expectations, and encourage student-led safety improvement campaigns.
- **Support students exposed to violence or threats** by increasing access to school-based mental health professionals, offering supportive peer groups, and ensuring that students know how to report incidents confidentially and effectively.
- **Monitor trends in weapon-related threats** and gun-related behaviors using student feedback and annual data review to guide targeted intervention. Proactive monitoring can prevent escalation and connect students with appropriate resources.
- **Strengthen collaboration with local law enforcement and community agencies** to enhance school safety education, crisis response preparedness, and coordinated outreach around firearm access and violence prevention.

Bullying

Areas Needing Attention:

Students were asked how many times in the past three months they experienced bullying as a victim or engaged in bullying behavior, with the percentages reflecting those who reported at least one such incident. The most frequently reported form of bullying among Lincoln County students in 2024 was **victimization by emotional bullying** (60.1%), followed by **being the victim of rumor spreading** (44.5%), **victim of online or cell phone bullying** (28.9%), and **victim of physical bullying** (27.7%).

While some forms of bullying have declined over time, three out of the eight have increased. The largest increase over time was in victimization by online or cell phone bullying, which rose from 11.6% in 2014 to 28.9% in 2024—a 17.3% increase. Similarly, perpetration of online or cell phone bullying rose from 4.7% to 19.0%, a 14.2% increase since 2014. Victimization by physical bullying also increased by 7.3% between 2012 and 2024, reaching 27.7% in 2024. Emotional bullying as a perpetrator remained as the highest form in this category at 46.9%.

In 2024, Lincoln County reported higher rates than Missouri in all eight bullying-related measures, with seven of the eight items exceeding Missouri rates by more than 1%. The most notable differences were:

- **Victim of physical bullying:** +4.3%
- **Victim of emotional bullying:** +4.1%
- **Victim of online/cell phone bullying:** +3.6%
- **Perpetration of online/cell phone bullying:** +2.2%
- **Perpetration of emotional bullying:** +1.7%
- **Victim of rumor spreading:** +2.4%
- **Perpetration of physical bullying:** +1.9%

These widespread and elevated rates indicate a need for targeted efforts to reduce multiple forms of bullying and improve the overall school climate.

Strengths:

Despite some concerning increases, several positive trends were observed between 2010 and 2024:

- **Perpetration of emotional bullying** decreased significantly from 71.5% to 46.9% (–24.6%)
- **Rumor spreading as a behavior** decreased from 31.4% to 18.0% (–13.4%)
- **Victimization by emotional bullying** declined from 68.7% to 60.1% (–8.6%)
- **Victimization by rumor spreading** dropped from 52.1% to 44.5% (–7.6%)

These improvements suggest some progress in reducing relational and verbal bullying. However, ongoing concerns about physical and online bullying remain prominent.

MSS Table 16. Bullying – 2010 to 2024

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.
Past 3-month	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO
bullying online/via cell phone			4.7%	15.1%	16.1%	6.4%	16.9%	19.0%	16.8%	14.2%	2.2%
emotional bullying	71.5%	64.8%	41.5%	56.5%	52.8%	35.4%	45.6%	46.9%	45.2%	-24.6%	1.7%
physical bullying		15.8%	11.9%	13.4%	19.4%	14.1%	12.7%	15.3%	13.3%	-0.5%	1.9%
rumor spreading	31.4%	27.3%	25.8%	26.9%	21.0%	16.0%	14.5%	18.0%	17.9%	-13.4%	0.1%
victim of bullying online/via cell phone			11.6%	17.4%	29.0%	20.1%	29.0%	28.9%	25.3%	17.3%	3.6%
victim of emotional bullying	68.7%	57.2%	44.2%	54.4%	64.6%	58.1%	57.9%	60.1%	56.0%	-8.6%	4.1%
victim of physical bullying		20.4%	24.6%	23.5%	27.0%	20.1%	24.4%	27.7%	23.4%	7.3%	4.3%
victim of rumor spreading	52.1%	48.3%	44.2%	46.0%	54.0%	50.6%	42.6%	44.5%	42.1%	-7.6%	2.4%

Rating scale –1+ time. First four items are for perpetrators of the specified type of bullying.

Summary:

Bullying continues to be a serious challenge in Lincoln County schools. All eight measured types of bullying exceeded statewide averages in 2024, and digital and physical forms showed the largest gaps. Although several relational bullying behaviors have improved since 2010, students continue to report high rates of both experiencing and engaging in bullying.

Preventing peer aggression especially in digital and physical spaces should remain a top priority through education, school climate improvements, and proactive reporting systems.

Implications and Recommendations – Lincoln County Bullying Prevention

- **Prioritize digital bullying prevention**, as both online victimization and perpetration increased sharply over the past decade. Schools should integrate lessons on digital responsibility, empathy, and cyber safety, along with consistent enforcement of social media conduct policies.
- **Address elevated rates of physical bullying** through clear behavioral expectations, conflict resolution supports, and increased adult visibility in unstructured school settings.
- **Expand programming focused on emotional bullying**, the most commonly reported form of victimization, with schoolwide SEL (social-emotional learning), peer mentoring, and empathy-building activities.
- **Reinforce and update anti-bullying policies** to ensure consistent responses, improve access to anonymous reporting tools, and build student trust in follow-through when bullying is reported.
- **Increase support systems for victims**, including mental health counseling, restorative practices, and peer-led support groups to help reduce social isolation and the long-term impact of bullying.
- **Engage families as partners** in prevention by offering resources to help parents recognize signs of bullying, support their children emotionally, and address conflicts early.

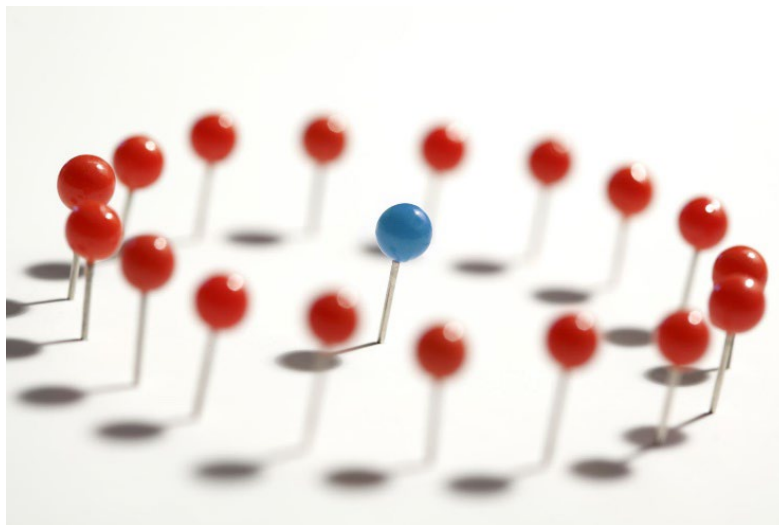


Table 17. Full Item Analysis MSS	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.	Rating scale	Category
Item	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO	for data point	
Depression scale - Student eating disruption	13.8%	19.9%	9.8%	8.6%	22.5%	22.6%	31.5%	28.5%	28.1%	14.7%	0.4%	Often/always	Mental Health
Depression scale - Student feels hopeless	9.1%	14.6%	0.0%	5.2%	14.8%	15.6%	20.3%	16.7%	16.6%	7.6%	0.1%	Often/always	Mental Health
Depression scale - Student irritable	21.7%	25.1%	4.7%	25.9%	34.1%	30.9%	40.7%	34.7%	35.7%	13.1%	-1.0%	Often/always	Mental Health
Depression scale - Student school work disruption	19.1%	22.0%	4.7%	17.3%	26.6%	24.7%	41.8%	39.4%	37.7%	20.2%	1.7%	Often/always	Mental Health
Depression scale - Student sleeping disruption	22.3%	21.6%	0.0%	18.0%	30.5%	32.0%	39.1%	33.7%	33.8%	11.4%	-0.1%	Often/always	Mental Health
Depression scale - Student very sad	15.2%	20.0%	4.7%	12.3%	23.8%	25.3%	35.3%	26.9%	27.4%	11.6%	-0.5%	Often/always	Mental Health
Student feels optimistic about their future				84.4%	71.8%	70.3%	71.4%	70.1%	70.5%	-14.3%	-0.4%	Strongly/Agree	Mental Health
Student feels that they handle stress in a healthy way				74.5%	57.4%	58.3%	52.0%	52.7%	53.5%	-21.8%	-0.8%	Strongly/Agree	Mental Health
Student has adults in their life to turn to when things feel overwhelming				87.5%	75.7%	77.6%	71.2%	75.0%	70.7%	-12.5%	4.3%	Strongly/Agree	Mental Health
Student knows where to go in their community to get help				86.5%	75.7%	81.3%	66.1%	69.1%	68.2%	-17.4%	0.9%	Strongly/Agree	Mental Health
Past 3 month bullying online or via cell phone			4.7%	15.1%	16.1%	6.4%	16.9%	19.0%	16.8%	14.2%	2.2%	1+ times	Bullying
Past 3 month emotional bullying	71.5%	64.8%	41.5%	56.5%	52.8%	35.4%	45.6%	46.9%	45.2%	-24.6%	1.7%	1+ times	Bullying
Past 3 month physical bullying		15.8%	11.9%	13.4%	19.4%	14.1%	12.7%	15.3%	13.3%	-0.5%	1.9%	1+ times	Bullying
Past 3 month rumor spreading	31.4%	27.3%	25.8%	26.9%	21.0%	16.0%	14.5%	18.0%	17.9%	-13.4%	0.1%	1+ times	Bullying
Past 3 month victim of bullying online or via cell phone			11.6%	17.4%	29.0%	20.1%	29.0%	28.9%	25.3%	17.3%	3.6%	1+ times	Bullying
Past 3 month victim of emotional bullying	68.7%	57.2%	44.2%	54.4%	64.6%	58.1%	57.9%	60.1%	56.0%	-8.6%	4.1%	1+ times	Bullying
Past 3 month victim of physical bullying		20.4%	24.6%	23.5%	27.0%	20.1%	24.4%	27.7%	23.4%	7.3%	4.3%	1+ times	Bullying
Past 3 month victim of rumor spreading	52.1%	48.3%	44.2%	46.0%	54.0%	50.6%	42.6%	44.5%	42.1%	-7.6%	2.4%	1+ times	Bullying
Self-injury		12.0%	0.0%	9.8%	16.1%	22.2%	26.3%	21.4%	21.5%	9.4%	-0.1%	Yes	Mental Health
Past year planning suicide	7.5%	0.0%	1.8%	1.5%	7.3%	7.3%	12.5%	7.9%	8.4%	0.5%	-0.5%	Yes	Mental Health
Past year seriously considering suicide	9.7%	10.4%	1.8%	6.9%	10.6%	13.6%	17.4%	10.6%	11.7%	0.9%	-1.1%	Yes	Mental Health
Past year attempting suicide	4.5%	4.6%	0.0%	5.6%	5.4%	5.3%	8.5%	4.8%	5.2%	0.2%	-0.4%	1+ times	Mental Health
Past year suicide with injury	1.9%	1.4%	5.0%	0.0%	1.8%	0.0%	1.3%	1.1%	1.4%	-0.8%	-0.3%	Yes	Mental Health
Past year fighting	25.4%	19.0%	5.9%	17.0%	23.2%	16.4%	18.7%	16.9%	14.9%	-8.4%	2.1%	1+ times	Mental Health
Past year fighting with injury	5.1%	1.8%	0.0%	0.8%	2.6%	4.2%	2.8%	3.1%	2.1%	-2.0%	0.9%	1+ times	Mental Health
Past year victim of weapon threat at school	11.6%	5.2%	0.0%	5.9%	4.8%	10.0%	8.3%	10.5%	8.8%	-1.1%	1.8%	1+ times	School Based Beh.
Perception of school safety	78.6%	89.3%	84.3%	96.8%	85.5%	88.0%	84.9%	83.9%	81.9%	5.3%	2.0%	Strongly/Agree	School Based Beh.
Days missed due to safety concerns		3.4%	0.0%	2.2%	8.2%	3.9%	8.6%	10.2%	10.8%	6.8%	-0.6%	1+ days	School Based Beh.
Peer gun carrying	8.0%	7.0%	0.0%	13.4%	14.2%	11.0%	30.0%	24.0%	10.0%	16.0%	14.0%	1+ friends	Risk
No discrimination in student treatment	70.1%	71.7%	97.6%	77.6%	80.3%	89.6%	82.1%	79.9%	84.0%	9.8%	-4.1%	Strongly/Agree	School Based Beh.
Rules are enforced fairly	58.7%	58.8%	90.2%	77.0%	63.6%	72.8%	67.0%	64.8%	66.7%	6.1%	-1.9%	Strongly/Agree	School Based Beh.
Parents check on students homework	77.3%	76.1%	100.0%	84.0%	75.3%	87.1%	79.4%	83.1%	74.8%	5.8%	8.2%	Strongly/Agree	School Based Beh.
Parents consult student when making decisions	70.7%	64.9%	71.3%	77.1%	67.4%	70.0%	65.5%	70.2%	65.9%	-0.5%	4.3%	Strongly/Agree	School Based Beh.
Parents notice and comment on good work	83.1%	80.0%		77.1%	86.6%	85.3%	78.1%	83.1%	76.0%	0.0%	7.1%	Strongly/Agree	School Based Beh.
School notifies parents with praise	33.8%	31.0%	49.7%	51.6%	43.8%	52.5%	38.5%	44.1%	40.3%	10.3%	3.8%	Strongly/Agree	School Based Beh.
Teachers notice and comment on good work	67.1%	64.3%	85.5%	85.6%	75.3%	84.2%	76.4%	76.6%	74.4%	9.5%	2.2%	Strongly/Agree	School Based Beh.
Student believes it is ok to cheat	22.5%	27.6%	20.2%	28.1%	19.4%	19.3%	32.9%	28.4%	27.6%	5.9%	0.8%	Strongly/Agree	School Based Beh.
Student ignores rules	23.7%	20.0%	17.8%	14.3%	17.6%	15.4%	18.9%	15.8%	17.2%	-7.9%	-1.4%	Strongly/Agree	School Based Beh.
Student is oppositional	18.8%	18.2%	0.0%	12.6%	17.0%	13.5%	16.2%	14.2%	14.4%	-4.6%	-0.2%	Strongly/Agree	School Based Beh.
Days skipped or cut		25.5%	7.4%	17.3%	24.5%	27.7%	34.5%	46.2%	44.0%	20.6%	2.1%	1+ days	School Based Beh.

Item	LC 2010	LC 2012	LC 2014	LC 2016	LC 2018	LC 2020	LC 2022	LC 2024	MO 2024	% Diff. * to 2024	% Diff. LC to MO	Rating scale for data point	Category
Age of First Use – Alcohol	12.6	12.6		12.4	12.5	11.7	12.5	12.3	12.4	-0.3	-0.1	Average	Alcohol
Age of First Use – Cigarettes	12.2	12.4		13.4	13.3	13.1	11.8	12.0	11.8	-0.2	0.2	Average	Tobacco
Age of First Use – E-Cigarettes							12.8	12.6	13.2	-0.2	-0.6	Average	Tobacco
Age of First Use – Inhalants	11.2	12.7					9.8		10.1			Average	Illicit Drugs
Age of First Use – Marijuana	13.6	13.9		14.6	14.5	14.8	13.5	13.8	13.7	0.3	0.1	Average	Marijuana
Age of First Use – Over-the-Counter							10.6		11.2			Average	OTC/Rx
Age of First Use – Rx Drug Misuse					10.5	9.5	11.3		11.9			Average	OTC/Rx
Lifetime alcohol use	45.6%	51.2%		42.9%	46.0%	31.7%	36.6%	23.7%	19.9%	-21.9%	3.8%	Yes	Alcohol
Lifetime alcohol use (times)		50.6%		42.3%	45.6%	31.0%	35.1%	22.2%	18.0%	-28.4%	4.1%	1+ Times	Alcohol
Lifetime chew use	12.7%	14.8%		20.0%	12.3%	3.1%	4.6%	2.7%	1.6%	-10.0%	1.1%	Yes	Tobacco
Lifetime cigarette use	27.6%	29.2%		22.0%	25.9%	8.1%	11.2%	8.0%	7.4%	-19.6%	0.6%	Yes	Tobacco
Lifetime club drug use	1.4%	1.9%		0.0%	0.8%	0.0%	1.1%	0.1%	0.6%	-1.2%	-0.5%	Yes	Illicit Drugs
Lifetime cocaine use	1.5%	1.4%		1.4%	1.7%	1.1%	0.8%	0.6%	0.5%	-0.9%	0.1%	Yes	Illicit Drugs
Lifetime electronic cigarette use				16.9%	25.8%	20.5%	26.4%	18.2%	18.0%	1.3%	0.2%	Yes	Tobacco
Lifetime hallucinogen use	3.3%	2.6%		0.0%	1.8%	0.0%	1.6%	1.2%	1.9%	-2.1%	-0.7%	Yes	Illicit Drugs
Lifetime heroin use	0.6%	0.4%		0.0%	0.0%	0.0%	0.4%	0.1%	0.2%	-0.5%	-0.1%	Yes	Illicit Drugs
Lifetime hookah use				3.2%	5.9%	1.1%	3.0%	1.6%	2.9%	-1.6%	-1.3%	Yes	Illicit Drugs
Lifetime inhalant use	6.4%	3.7%		0.6%	2.4%	1.3%	2.2%	1.7%	2.4%	-4.7%	-0.7%	Yes	Illicit Drugs
Lifetime marijuana use	13.7%	17.2%		7.8%	13.3%	10.2%	13.8%	8.6%	12.7%	-5.1%	-4.1%	Yes	Marijuana
Lifetime methamphetamine use	0.6%	1.2%		0.7%	0.0%	0.0%	0.3%	0.1%	0.3%	-0.5%	-0.2%	Yes	Illicit Drugs
Lifetime OTC drug misuse	6.3%	7.2%		0.3%	5.7%	2.0%	4.3%	2.8%	3.5%	-3.6%	-0.7%	Yes	OTC/Rx
Lifetime Rx drug misuse	8.7%	8.8%		8.5%	7.2%	10.5%	5.0%	2.9%	3.3%	-5.8%	-0.4%	Yes	OTC/Rx
Lifetime synthetic drug use		6.8%		0.7%	1.4%	1.3%	1.4%	1.7%	1.9%	-5.0%	-0.2%	Yes	Illicit Drugs
Past month alcohol use	22.4%	22.7%	5.9%	27.0%	25.2%	15.1%	14.7%	8.3%	6.8%	-14.0%	1.5%	1+ days	Alcohol
Past month chew use	7.0%	8.3%		11.3%	8.7%	1.0%	1.3%	1.1%	0.5%	-5.9%	0.6%	1+ days	Tobacco
Past month cigarette use	15.4%	10.4%		9.9%	12.0%	1.9%	2.4%	2.7%	1.9%	-12.7%	0.8%	1+ days	Tobacco
Past month driving under the influence	2.9%	5.1%		4.8%	5.6%	7.2%	2.0%	0.6%	0.6%	-2.3%	0.0%	1+ days	Alcohol
Past month electronic cigarette use				5.7%	15.4%	9.1%	14.0%	7.9%	9.1%	2.2%	-1.2%	1+ days	Tobacco
Past month hookah use				0.9%	1.8%	0.0%	1.8%	0.6%	1.3%	-0.4%	-0.7%	1+ days	Illicit Drugs
Past month inhalant use	2.9%	1.2%		0.0%	0.3%	1.1%	1.0%	0.7%	1.1%	-2.1%	-0.4%	1+ days	Illicit Drugs
Past month marijuana use	6.7%	6.7%		2.7%	6.0%	2.0%	7.5%	3.9%	7.3%	-2.8%	-3.4%	1+ days	Marijuana
Past month OTC drug misuse	4.0%	3.3%		0.0%	2.0%	1.1%	1.7%	1.4%	1.6%	-2.5%	-0.2%	1+ days	OTC/Rx
Past month Rx drug misuse	5.1%	3.8%	4.7%	4.3%	6.7%	7.6%	2.4%	1.4%	1.5%	-3.7%	-0.1%	1+ days	OTC/Rx
Past month riding with a driver under the influence	21.7%	21.6%	18.4%	24.5%	28.7%	23.5%	17.9%	14.6%	13.0%	-7.1%	1.6%	1+ days	Alcohol
Past month synthetic drugs		3.6%	0.0%	0.0%	0.4%	0.4%	0.5%	1.2%	0.9%	-2.5%	0.2%	1+ days	Illicit Drugs
Past two weeks binge drinking		15.2%	0.0%	16.0%	11.9%	7.6%	5.5%	2.7%	2.2%	-12.4%	0.6%	1+ times	Alcohol
Ease of availability - alcohol	61.7%	64.4%	32.9%	46.4%	57.2%	42.1%	50.5%	42.6%	39.9%	-19.1%	2.7%	Very/sort of easy	Alcohol
Ease of availability - cigarettes	60.7%	60.2%	13.9%	34.3%	48.1%	37.1%	32.5%	30.1%	30.3%	-30.7%	-0.2%	Very/sort of easy	Tobacco
Ease of availability - electronic cigarettes				26.3%	44.0%	41.8%	45.3%	41.6%	40.9%	15.3%	0.7%	Very/sort of easy	Tobacco
Ease of availability - marijuana	37.1%	37.7%	0.0%	12.8%	34.2%	27.6%	30.0%	25.7%	30.5%	-11.4%	-4.8%	Very/sort of easy	Marijuana
Ease of availability - other illicit drugs	19.9%	14.1%	0.0%	3.4%	14.6%	8.9%	8.9%	6.9%	8.5%	-13.0%	-1.6%	Very/sort of easy	Illicit Drugs
Ease of availability – OTC drugs		55.7%	9.8%	36.6%	46.2%	43.0%	50.0%	46.3%	43.6%	-9.4%	2.7%	Very/sort of easy	OTC/Rx
Ease of availability – Rx drugs		31.3%	11.6%	17.1%	26.8%	18.9%	20.7%	19.0%	16.9%	-12.4%	2.1%	Very/sort of easy	OTC/Rx
Ease of availability - synthetic drugs			10.7%	6.9%	23.3%	14.9%	24.6%	21.8%	21.0%	11.1%	0.8%	Very/sort of easy	Illicit Drugs

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.	Rating scale	Category
Item	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO	for data point	
Method of Alcohol Access: Family gives/sells to me					43.0%	18.4%	40.8%	41.8%	32.8%	-1.1%	9.0%	Lifetime users	Alcohol
Method of Alcohol Access: A friend gives/sells to me					47.1%	42.9%	31.1%	30.3%	45.1%	-16.8%	-14.8%	Lifetime users	Alcohol
Method of Alcohol Access: Buy it online					0.9%	0.0%	0.7%	1.2%	0.9%	0.3%	0.3%	Lifetime users	Alcohol
Method of Alcohol Access: I ask a stranger to buy it					2.1%	10.9%	2.0%	2.4%	4.9%	0.3%	-2.5%	Lifetime users	Alcohol
Method of Alcohol Access: I buy from store, bar, etc.					4.0%	10.9%	4.4%	4.2%	10.8%	0.3%	-6.6%	Lifetime users	Alcohol
Method of Alcohol Access: I take it w/o permission					16.5%	10.9%	19.7%	22.9%	37.9%	6.4%	-15.0%	Lifetime users	Alcohol
Method of Alcohol Access: Other					15.7%	30.6%	17.4%	20.5%	10.8%	4.7%	9.7%	Lifetime users	Alcohol
Method of Cigarette Access: Family gives/sells to me					7.9%	0.0%	12.8%	14.0%	6.1%	6.1%	7.9%	Lifetime users	Tobacco
Method of Cigarette Access: A friend gives/sells to me					47.5%	61.5%	25.5%	24.6%	40.9%	-23.0%	-16.3%	Lifetime users	Tobacco
Method of Cigarette Access: Buy them online					2.3%	0.0%	2.1%	3.4%	5.0%	1.1%	-1.6%	Lifetime users	Tobacco
Method of Cigarette Access: I ask a stranger to buy for me					4.6%	13.2%	4.3%	3.5%	6.6%	-1.1%	-3.1%	Lifetime users	Tobacco
Method of Cigarette Access: I buy from store					9.3%	26.3%	6.4%	12.3%	5.0%	3.0%	7.3%	Lifetime users	Tobacco
Method of Cigarette Access: I take w/o permission					25.4%	26.3%	35.1%	40.4%	49.3%	14.9%	-8.9%	Lifetime users	Tobacco
Method of Cigarette Access: Other					15.2%	13.2%	20.2%	21.1%	23.8%	5.9%	-2.7%	Lifetime users	Tobacco
Method of E-Cig. Access: Family gives/sells to me					14.4%	0.0%	12.3%	9.4%	12.8%	-5.0%	-3.4%	Lifetime users	Tobacco
Method of E-Cig. Access: Friend gives/sells to me					42.1%	44.9%	47.5%	40.3%	54.6%	-1.8%	-14.3%	Lifetime users	Tobacco
Method of E-Cigarette Access: Buy them online					10.4%	0.0%	9.1%	3.1%	7.9%	-7.3%	-4.8%	Lifetime users	Tobacco
Method of E-Cig. Access: I ask a stranger to buy it for me					1.7%	0.0%	4.1%	4.7%	13.2%	3.0%	-8.5%	Lifetime users	Tobacco
Method of E-Cigarette Access: I buy them from the store					14.0%	10.2%	2.7%	10.9%	16.8%	-3.1%	-5.9%	Lifetime users	Tobacco
Method of E-Cigarette Access: I take w/o permission					6.0%	0.0%	12.3%	17.8%	12.8%	11.8%	5.0%	Lifetime users	Tobacco
Method of E-Cigarette Access: Other					12.7%	25.8%	20.6%	25.0%	16.9%	12.3%	8.1%	Lifetime users	Tobacco
Method of Marijuana Access: Family gives/sells to me					5.2%	10.6%	26.8%	25.0%	28.6%	19.8%	-3.6%	Lifetime users	Marijuana
Method of Marijuana Access: Friend gives/sells to me					74.0%	59.6%	64.6%	53.3%	52.8%	-20.7%	0.5%	Lifetime users	Marijuana
Method of Marijuana Access: Stranger gives/sells to me					4.5%	0.0%	5.4%	1.7%	5.2%	-2.9%	-3.5%	Lifetime users	Marijuana
Method of Marijuana Access: I buy it from a dealer					20.1%	10.6%	27.7%	20.0%	24.8%	-0.1%	-4.8%	Lifetime users	Marijuana
Method of Marijuana Access: I buy it online					0.0%	0.0%	1.8%	3.3%	9.0%	3.3%	-5.7%	Lifetime users	Marijuana
Method of Marijuana Access: I take it w/o permission					5.2%	0.0%	15.2%	18.3%	18.5%	13.1%	-0.2%	Lifetime users	Marijuana
Method of Marijuana Access: Other					16.9%	10.6%	7.1%	13.1%	14.4%	-3.8%	-1.3%	Lifetime users	Marijuana

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.	Rating scale	Category
Item	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO	for data point	
Method of Rx Access: Family gives/sells to me				0.6%	10.0%	29.2%	23.1%		26.6%			Lifetime users	OTC/Rx
Method of Rx Access: A friend gives or sells it to me				0.6%	13.6%	0.0%	5.0%		16.1%			Lifetime users	OTC/Rx
Method of Rx Access: A stranger gives or sells it to me				0.0%	7.4%	0.0%	2.5%		6.2%			Lifetime users	OTC/Rx
Method of Rx Access: Buy it online				1.4%	0.0%	0.0%	2.5%		0.6%			Lifetime users	OTC/Rx
Method of Rx Access: I take it w/o permission				1.3%	12.3%	0.0%	15.0%		14.7%			Lifetime users	OTC/Rx
Method of Rx Access: Other				0.8%	3.7%	12.5%	2.5%		2.8%			Lifetime users	OTC/Rx
Past Year Misuse Among who Used: Other Rx medication				26.4%	16.0%	28.6%	22.5%		7.5%			1+ times	OTC/Rx
Past Year Misuse Among who Used: Pain meds				70.9%	46.9%	52.1%	47.5%		45.0%			1+ times	OTC/Rx
Past Year Misuse Among who Used: Sedatives/anxiety				25.8%	3.7%	10.2%	27.5%		34.9%			1+ times	OTC/Rx
Past Year Misuse Among who Used: Sleeping meds				20.8%	44.4%	10.2%	25.0%		29.0%			1+ times	OTC/Rx
Past Year Misuse Among who Used: Stimulants				0.0%	14.8%	10.2%	12.5%		18.9%			1+ times	OTC/Rx
Peer alcohol use	65.4%	63.4%	41.8%	44.6%	50.4%	34.9%	47.7%	37.4%	34.8%	-28.0%	2.6%	1+ friends	Alcohol
Peer smoking cigarettes	54.4%	44.7%	9.8%	28.8%	34.4%	24.7%	22.0%	16.9%	12.5%	-37.5%	4.4%	1+ friends	Tobacco
Peer smoking marijuana	35.7%	40.4%	4.7%	15.7%	32.9%	26.3%	44.6%	36.8%	25.6%	1.0%	11.2%	1+ friends	Marijuana
Peer other illicit drug use	17.3%	15.3%	0.0%	4.3%	9.2%	11.0%	27.9%	22.6%	24.3%	5.3%	-1.8%	1+ friends	Illicit Drugs
School alcohol use		3.3%	0.0%	0.7%	0.2%	1.1%	1.1%	0.4%	0.6%	-2.9%	-0.2%	1+ days	Alcohol
School marijuana use		0.9%	0.0%	0.0%	1.0%	0.0%	1.6%	0.7%	2.4%	-0.2%	-1.6%	1+ days	Marijuana
Peer perception of coolness of alcohol use			24.9%	31.7%	32.9%	19.3%	27.5%	18.3%	14.6%	-6.6%	3.7%	Pretty cool/very	Alcohol
Peer perception of coolness of cigarette use			2.4%	11.6%	15.1%	5.9%	10.9%	7.7%	7.3%	5.3%	0.3%	Pretty cool/very	Tobacco
Peer perception of coolness of electronic cigarette use				7.4%	24.0%	22.2%	25.0%	15.6%	14.9%	8.2%	0.7%	Pretty cool/very	Tobacco
Peer perception of coolness of marijuana use				10.5%	22.9%	20.3%	22.8%	14.7%	16.7%	4.2%	-2.1%	Pretty cool/very	Marijuana
Perception of enforcement - alcohol	25.6%	18.6%	46.3%	27.7%	22.5%	25.7%	26.5%	31.7%	31.9%	6.2%	-0.2%	Yes or Yes!	Illicit Drugs
Perception of enforcement - cigarettes	22.7%	14.1%	49.3%	26.3%	20.5%	24.1%	25.6%	32.6%	32.1%	9.8%	0.5%	Yes or Yes!	Tobacco
Perception of enforcement - guns	45.9%	40.6%	57.6%	42.7%	42.1%	48.1%	53.2%	60.1%	59.9%	14.2%	0.2%	Yes or Yes!	Weapons
Perception of enforcement - marijuana	36.0%	30.6%	67.7%	44.4%	38.5%	41.8%	38.2%	42.1%	40.2%	6.1%	1.8%	Yes or Yes!	Marijuana
Perception of friends feelings on student alcohol use			67.7%	72.4%	61.5%	82.8%	73.0%	81.7%	83.8%	14.0%	-2.1%	wrong/very	Alcohol
Perception of friends feelings on student cigarette use			95.3%	75.8%	69.3%	85.9%	81.4%	85.7%	84.8%	-9.6%	0.9%	wrong/very	Tobacco
Perception of friends feelings on student e-cig use						75.3%		77.4%	75.6%	2.1%	1.8%	wrong/very	Tobacco
Perception of friends feelings on student marijuana smoking								79.6%	76.6%		3.0%	wrong/very	Marijuana
Perception of friends feelings on student marijuana use			95.3%	90.5%	74.1%	84.0%	66.2%	77.4%	77.1%	-17.9%	0.3%	wrong/very	Marijuana
Perception of friends feelings on student Rx drug misuse			90.2%	93.5%	87.2%	94.4%	73.3%	91.1%	89.4%	0.9%	1.8%	wrong/very	OTC/Rx
Student perception of peers having one or two alcoholic drinks nearly every day								31.9%	26.5%		5.4%		

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.	Rating scale	Category
Item	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO	for data point	
Perception of parental feelings on student marijuana use	92.6%	93.3%	100.0%	96.4%	92.1%	96.4%	90.2%	93.5%	84.5%	0.9%	9.0%	wrong/very	Marijuana
Perception of parental feelings on student marijuana smoking								94.6%	84.5%		10.1%	wrong/very	Marijuana
Perception of parental feelings on student alcohol use				81.9%	73.7%	87.9%	90.9%	94.1%	85.5%	12.2%	8.6%	wrong/very	Alcohol
Perception of parental feelings on student alcohol use (1-2 drinks nearly every day)			95.3%	90.6%	90.5%	97.6%	78.6%	83.3%	79.5%	-12.0%	3.8%	wrong/very	Alcohol
Perception of parental feelings on student cigarette use	87.4%	88.9%	100.0%	94.2%	91.7%	96.9%	94.4%	95.2%	87.4%	7.7%	7.8%	wrong/very	Tobacco
Perception of parental feelings on student OTC drug misuse		95.8%	100.0%	98.4%	96.7%	97.6%	92.7%	94.7%	87.4%	-1.1%	7.3%	wrong/very	OTC/Rx
Perception of parental feelings on student Rx drug misuse		95.3%	100.0%	97.3%	96.2%	96.9%	92.7%	94.6%	86.0%	-0.8%	8.5%	wrong/very	OTC/Rx
Perception of parental feelings on student vaping								94.1%	85.5%		8.6%	wrong/very	Tobacco
Perception of harm - alcohol (1 -2 drinks almost daily)			64.8%	49.6%	56.4%	70.9%	66.5%	75.0%	71.6%	10.2%	3.4%	moderate/great risk	Alcohol
Perception of harm - alcohol (5+ drinks 1-2x a week)			69.7%	62.6%	69.8%	79.8%	76.1%	83.9%	77.5%	14.1%	6.4%	mod./great risk	Alcohol
Perception of harm - alcohol (no dosage)	74.4%	67.8%		50.1%	61.5%	72.2%	59.8%	62.8%	62.7%	-11.6%	0.1%	mod./great risk	Alcohol
Perception of harm - cigarettes (1+ pack per day)				78.8%	83.5%	86.9%	82.7%	85.7%	82.2%	6.9%	3.5%	mod./great risk	Tobacco
Perception of harm - electronic cigarettes				62.4%	57.0%	76.8%	66.1%	75.0%	72.2%	12.7%	2.8%	mod./great risk	Tobacco
Perception of harm - marijuana	68.2%	71.3%	100.0%	74.8%	67.0%	78.8%	64.4%	72.4%	67.9%	4.2%	4.5%	mod./great risk	Marijuana
Perception of harm - other illicit drugs	91.4%	93.6%	100.0%	88.0%	92.3%	96.7%	90.6%	91.8%	88.4%	0.4%	3.4%	mod./great risk	Illicit Drugs
Perception of harm - OTC drugs to get high		80.2%	95.3%	76.1%	82.1%	80.1%	73.4%	80.3%	77.6%	0.0%	2.7%	mod./great risk	OTC/Rx
Perception of harm – Rx drug misuse		87.8%	95.3%	85.9%	88.4%	93.6%	87.5%	89.2%	85.5%	1.4%	3.7%	mod./great risk	OTC/Rx
Perception of harm - synthetic drugs			95.3%	87.0%	89.8%	91.0%	84.1%	84.2%	81.9%	-11.0%	2.3%	mod./great risk	Illicit Drugs
Perception of wrongness - alcohol				54.3%	57.5%	79.0%	67.9%	77.5%	81.2%	23.2%	-3.7%	wrong/very	Alcohol
Perception of wrongness - alcohol (1-2 drinks almost daily)			88.6%	76.0%	76.8%	91.5%	85.7%	91.6%	92.3%	2.9%	-0.7%	wrong/very	Alcohol
Perception of wrongness - alcohol (5+ drinks 1-2x/week)			94.1%	76.3%	78.9%	92.7%	88.3%	92.7%	93.5%	-1.4%	-0.8%	wrong/very	Alcohol
Perception of wrongness - cigarettes	77.8%	79.8%		82.9%	79.3%	93.8%	89.1%	92.1%	92.1%	14.3%	0.0%	wrong/very	Tobacco
Perception of wrongness - electronic cigarettes				80.1%	73.0%	83.0%	79.0%	86.6%	86.6%	6.5%	0.0%	wrong/very	Tobacco
Perception of wrongness - marijuana				88.6%	82.7%	87.7%	80.9%	87.3%	83.9%	-1.3%	3.4%	wrong/very	Marijuana
Perception of wrongness - marijuana (once or twice a week)								89.4%	86.5%		2.9%	wrong/very	Marijuana
Perception of wrongness - marijuana (smoke)								87.5%	77.1%		10.4%	wrong/very	Marijuana
Perception of wrongness - OTC drug misuse				96.1%	92.7%	89.4%	91.0%	93.4%	93.0%	-2.7%	0.4%	wrong/very	OTC/Rx
Perception of wrongness - Rx drug misuse		90.5%	98.2%	96.1%	93.7%	97.1%	93.8%	95.8%	95.6%	5.3%	0.2%	wrong/very	OTC/Rx
Reason given for Rx Misuse: Curiosity					7.5%	0.0%	12.5%		10.5%			Lifetime users	OTC/Rx
Reason given for Rx Misuse: To fit in with friends					7.4%	0.0%	5.0%		4.2%			Lifetime users	OTC/Rx
Reason given for Rx Misuse: To have a good time					11.1%	0.0%	15.0%		13.0%			Lifetime users	OTC/Rx

	LC	LC	LC	LC	LC	LC	LC	LC	MO	% Diff.	% Diff.	Rating scale	Category
Item	2010	2012	2014	2016	2018	2020	2022	2024	2024	* to 2024	LC to MO	for data point	
Reason given for Rx Misuse: To help me feel better or happier				7.9%	19.8%	0.0%	25.0%		30.7%			Lifetime users	OTC/Rx
Reason given for Rx Misuse: To help me sleep				43.6%	18.5%	10.2%	25.6%		30.9%			Lifetime users	OTC/Rx
Reason given for Rx Misuse: To help with stress reduction				25.1%	22.5%	10.2%	22.5%		24.6%			Lifetime users	OTC/Rx
Reason given for Rx Misuse: To help with weight loss				0.0%	7.4%	0.0%	10.3%		8.6%			Lifetime users	OTC/Rx
Reason given for Rx Misuse: To improve grades				0.0%	0.0%	0.0%	7.5%		7.2%			Lifetime users	OTC/Rx
Reason given for Rx Misuse: To increase my energy				0.0%	12.3%	0.0%	15.0%		14.8%			Lifetime users	OTC/Rx
Reason given for Rx Misuse: To reduce/manage pain				8.8%	24.7%	41.7%	22.5%		20.1%			Lifetime users	OTC/Rx

About the Author

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Cynthia Berry is a distinguished psychologist specializing in Industrial/Organizational, Personality, and Experimental Psychology. In January 2006, she founded Berry Organizational and Leadership Development (BOLD), LLC, showcasing her expertise in Human Resources, Organizational and Fund Development, Program Evaluation, and Research. With a career spanning over 25 years, Dr. Berry has demonstrated exceptional proficiency in large-scale community health needs assessments, psychometrics, and employee/management training.

Dr. Berry's extensive skill set in program evaluation and assessment development, coupled with her deep understanding of organizational behavior, human resources, applied health, mental health, and youth/individual development, has led to remarkable

successes in securing grants and fundraising for various not-for-profit organizations across St. Charles, Lincoln, Montgomery, St. Louis, and Warren Counties in Missouri. She has personally raised over \$10 million for numerous programs she has helped develop and implement. Furthermore, Dr. Berry has empowered multiple not-for-profits through the creation of measurement tools, outcome tracking processes, decision-making procedures, and client service delivery management systems, as well as the successful execution of various quality improvement projects. Her leadership in spearheading a capital campaign and achieving COA accreditation has further underscored her commitment to organizational excellence.

Over the past decade, BOLD has emerged as the preeminent expert in Eastern Missouri (including Franklin, Lincoln, Lincoln, St. Charles, and St. Louis Counties) for conducting needs assessments focused on behavioral health and substance use. Dr. Berry has collaborated with children's and adult's services funding boards on numerous projects and made significant contributions to the Seniors Count initiative, aimed at promoting independent living for seniors and addressing their specific needs. From 2012 to 2019, she served as an adjunct faculty member at the esteemed Brown School of Washington University, instructing master's degree students in the Evaluation of Programs and Services.

Dr. Cynthia Berry's experience and diverse accomplishments have firmly established her as a respected authority in psychology and organizational development, particularly in conducting needs assessments that inform community services and enhance program effectiveness.

