
**Youth Substance Use in
Oak Park & River Forest:**
A mixed methods examination of
epidemiological trends and an evaluation of
the continuum of care

Illinois Consortium on Drug Policy at
Roosevelt University

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ACKNOWLEDGEMENTS

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BACKGROUND

Youth substance use has been a growing concern among members of the suburban village communities of Oak Park and River Forest. To date, the Oak Park and Forest Park communities have made efforts to address substance use among its youth, many of which attend Oak Park and River Forest High School located in Oak Park, Illinois. Spurred by higher than average Illinois Youth Survey reported use rates for alcohol and marijuana, in May of 2014, the Community Mental Health Board (CMHB) of Oak Park Township requested proposals to address research regarding youth substance use in Oak Park Township, with the aim of unifying strategies and goals to reduce youth alcohol and substance use. The Illinois Consortium on Drug Policy at Roosevelt University was funded to complete the report in late summer of 2014. In December 2014, River Forest Township also provided grant monies to the Consortium to ensure the River Forest community's inclusion in the white paper.

OBJECTIVES

This paper aims to complete the following tasks:

- 1) Assess substance use among Oak Park and River Forest Youth using a mixed methods research approach, utilizing a variety of data sources;
- 2) Assess potential gaps in the continuum of care as it relates to youth substance use, prevention, intervention and treatment capabilities;
- 3) Provide recommendations to improve the continuum of care and assist in creating strategic goals.

METHODOLOGY

This project involved a mixed methods research approach utilizing archived quantitative measures with qualitative interviews. The chosen methodology provides a more complete picture of substance use issues within Oak Park and River Forest communities and helps to better understand the continuum of care with these areas.

The research was approved by Roosevelt University's Institutional Review Board (IRB); please see Appendix E & Appendix F for IRB verbal consent and questionnaire.

Qualitative Data

Key Informant interviews

Using Grounded Theory, the research team conducted 26 key informant interviews to determine substance use trends among youth and young adults in Oak Park and River Forest. Key informants included police, criminal justice professionals, school personnel from Oak Park and River Forest High School (OPRF) and middle schools, substance use treatment providers, community coalitions, youth interventionists, the Chamber of Commerce, Township and Village administrators, and concerned parents. Kane-Willis conducted all interviews while guided by instrumentation, a qualitative instrument (see Appendix F). Our questions focused on the perceived issues related to youth alcohol and other substance use as well as solutions to these issues. The interviews were then transcribed by master's level social workers. Once the interview was completed, Kane-Willis conducted a debriefing with the member of the research team who was responsible for note-taking. All of the key informant interviews lasted between one and two and half hours. The research team determined key informants from a small list of names given to us from the Community Mental Health Board of Oak Park and River Forest Township. The team then utilized an informal kind of snowball sampling, allowing our initial round of interviewees to recommend to us with whom we should speak.

Observations of IMP.A.C.T Community Anti-Drug Coalition of America, Training

Over a two day period, the lead researcher attended the CADCA training and observed IMP.A.C.T and other community members from both Oak Park and River Forest interact and work with one another. On the first day of the training, two staff members observed while on the second day only one research team member observed.

Community Comparisons and the Continuum of Care

The research team received a list of comparable communities and determined that Evanston would provide the best comparison model. We investigated all points of care including prevention, intervention, treatment, and coalition building. The research team then matched the points of care present in Evanston to the services provided in Oak Park and River Forest within schools and the community to see how both communities compare to Evanston.

Data Analyses

Qualitative data was transcribed and coded. The data was coded and then analyzed for primary themes and secondary themes. The results of the analyses appear in the white paper and in order to protect the confidentiality of the individual, no identifying information is revealed.

Part of the qualitative instrument included questions regarding strategies that are being used to reduce youth substance use as well as community strengths and weaknesses. After the completion of the analyses, the data was compiled into policy recommendations to help guide data driven decisions aimed at reducing youth substance use and harm in the Oak Park and River Forest communities.

Quantitative Data Sources

Treatment Data

The research team requested data from a number of different treatment centers within the area including Thrive Counseling Center (Thrive). No data was provided to the research team that listed the cause of treatment by drug (e.g. cannabis, alcohol, etc.); therefore, no trend comparisons can be made from the treatment data. While Thrive was able to provide us with some contact hours, these data were not usable as there were no counts by individuals or by substance. It is impossible to gauge how many individuals were serviced by Thrive for substance use issues within Oak Park or River Forest.

Furthermore, the FACE-IT and TIME programs were unable to provide us with the reasons for entering their respective program. Therefore, no trends are available due to data collection and reporting issues. The only data we received for the FACE-IT program were reports from monthly meetings which could not be disaggregated. The research team never received any data from the TIME program. Therefore, the team cannot assess how many youth were served under each program or program totals¹.

Hospital Discharge data - Illinois Department of Public Health

The Consortium requested hospital discharge data From the Illinois Department of Public Health (IDPH), by combining Oak Park and River Forest Townships into one geographic code. In order to create cell sizes that were large enough for analysis, multiple years were combined into one set (2009-2014), multiple age ranges were combined (14-24 year olds), diagnosis codes were combined (e.g. all cannabis related diagnosis codes were combined into one code "cannabis"²). Each discharge record includes up to 25 diagnosis codes that explain why the patient was hospitalized and are ranked in terms of importance (and also in terms of which codes generate the greatest revenue for the hospital). Some requestors ask only for the first one or two codes in each record to select hospitalizations that are primarily for a certain diagnosis. The data requested was for *any* of the 25 diagnosis spots. It is possible, and likely, that a patient was hospitalized for a heart attack, car accident, or pneumonia which would have been the primary reason for their hospitalization, but they also had evidence of drug use or abuse, perhaps through a toxicological screen or medical personal noting that the person was in

¹ See Appendix D for Freedom of Information Act requests

² See Appendix A for diagnosis codes requested by the research team.

withdrawal. This creates the broadest net possible, but these data do not allow the research team to discern how serious the “misuse” might be. In addition, there is some coding completeness between hospitals (e.g. some hospitals code everything they can and others only code the real reason the patient is there and skip most secondary diagnoses).

These data were extremely useful and the research team worked with the IDPH in creating a data request which yielded the best information for the Oak Park and River Forest communities. Because of Protected Health Information and IDPH rules governing patient confidentiality, cell sizes needed to be large (e.g. combining abuse/dependency/poisonings/age ranges/race/years) or else the data would have been suppressed to protect confidentiality.

Criminal Justice Data

The research team requested all arrest data (aggregated by year) for drug and alcohol violations, including ordinance violations, when available³. We did not receive data from River Forest in time for the publication of this report.

Analysis of Illinois Youth Survey Data

The research team trended Illinois Youth Survey (IYS) data. Also, as appropriate, data from Monitoring the Future, IYS data, or the National Survey on Drug Use and Health was used for initial comparison measures. For this report, the research team chose to use the IYS data for Suburban Cook County for comparison purposes rather than the state, since Oak Park and River Forest are within Suburban Cook boundaries and have certain commonalities. Furthermore, the State of Illinois, as a whole, has a wide range of various communities, both rural and urban, that comparing the Oak Park and River Forest communities to the State would be less useful. Finally, IYS data for 2012 and 2014 were chosen for this report due to overall consistency in questions by the Center for Prevention Research & Development at the University of Illinois that developed distributed and analyzed the Illinois Youth Survey by the Illinois Department of Human Services (IDHS) in 2012.

LIMITATIONS

The biggest limitation to our analyses was the lack of data that was afforded to us. Overall, there is a lack of data collection in Oak Park and River Forest, making it impossible to judge the effectiveness of programs within the communities. Both FACE-IT and Thrive did not provide suitable data. From the data that we received we were unable to determine how many individuals completed the different programs, and how many did not. These data were not consistent from month to month, and there was substantial amount of crucial information missing. For data to be useful it must be observable and systematically collected, and the data that was provided were none of these. The lack of valid data does not mean that these programs are ineffective, but it does make it impossible to judge and determine the impact that they are having, either positively or negatively, on community youth.

³ See Appendix D for Freedom of Information Act requests.

Additionally, there are some issues related to the validity of the Illinois Youth Survey results for OPRF. The survey directions indicate that the survey should be given to all students on the same day. In OPRF High School, the seniors typically receive the survey first and then the sophomores take it a few weeks later. The survey is given to the seniors right after spring break while the sophomores are given the survey within 3 weeks of spring break. The research team believes that the timing of the IYS away from the post-spring break period might result in more accurate self-reporting. In the middle schools, the survey is sometimes given in the gymnasium which can become noisy and is less than private. These issues may impact the survey's validity. It is essential to follow the directions when administering a survey and it is important to recognize that important events, such as spring break, may impact 30 day use rates.

Another limitation of the data particularly in regard to key informant interview is the lack of youth inclusion. Due of IRB requirements, the research team cannot talk to those under aged 18 without parental consent.

SUBSTANCES – AN IN DEPTH ANALYSIS

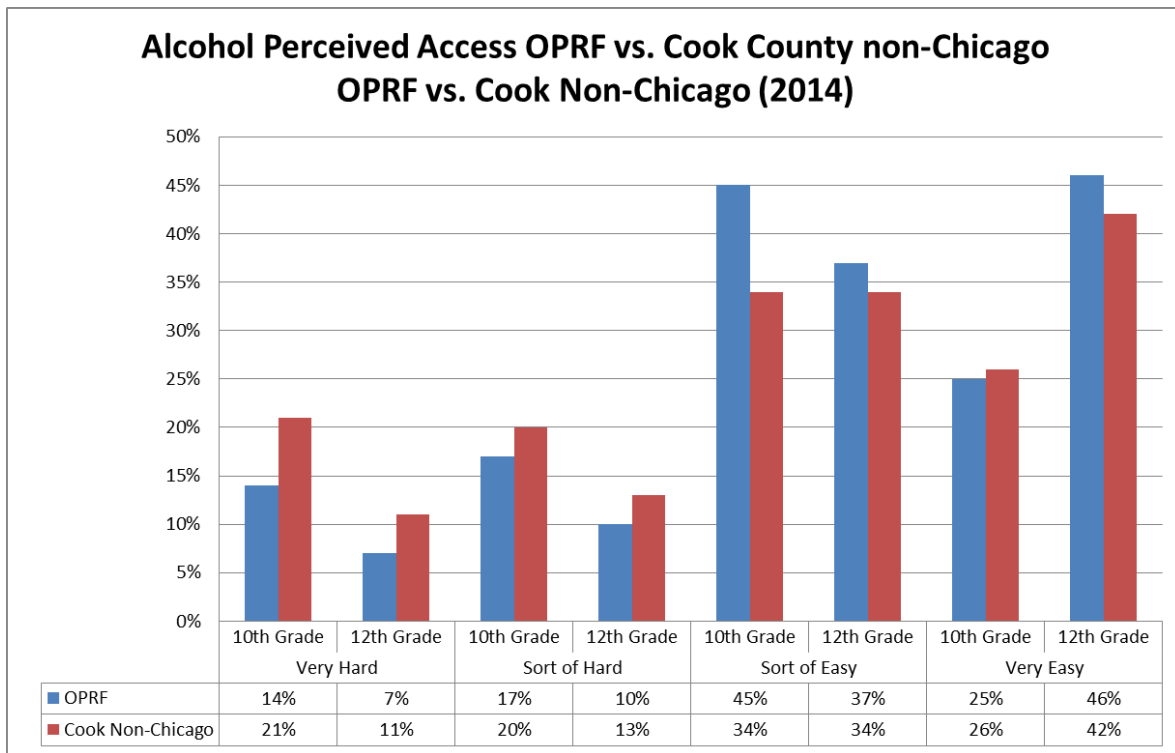
ALCOHOL

Alcohol is one of the most widely used substances in the United States. According to the National Survey on Drug Use and Health (NSDUH), about 52% of Americans 12 years and older used alcohol in 2013.ⁱ Nearly 9 million underage persons drank alcohol during that same year. Over half of all underage drinking occurs in someone else’s house (52%) and about a third of students reported that alcohol use occurred in their own homeⁱⁱ. The majority of underage drinkers (77.6%) were with two or more people when they consumed alcohol. Underage drinkers are more likely than those aged 21 or older to use alcohol in combination with another substance. The most common substance used by underage drinkers is marijuana.ⁱⁱⁱ

Illinois Youth Survey: Perceived Availability

As a whole, OPRF students perceived alcohol to be more available than students in suburban Cook County. Among OPRF sophomores, about 70% believed that it was either “very” or “sort of easy” to obtain alcohol compared to 60% of suburban Cook sophomores. Eighty-three percent of OPRF seniors indicated that alcohol was either “very” or “sort of easy” to obtain compared to 76% percent of seniors in suburban Cook County.

OPRF students were also less likely to report that obtaining alcohol would be “very hard” or “sort of hard” to get than their suburban Cook peers.



Sources of Supply

Some of the policy changes enacted by OPRF collaborations appear to be bearing fruit in terms of youth access to alcohol from 2012 to 2014. These changes can be seen in all aspects of youth access to alcohol including retail outlets, parents with and without their permission, among friends, siblings, and even with non-parent adults. All of these indicators are good where most are below suburban Cook County IYS data or at the same level in 2014, and demonstrate significant declines (as in more than 10 percentage point drop) from 2012 numbers.⁴

Bars and Restaurants

In 2012, about 17% of seniors reported getting their alcohol from restaurants or bars but this percentage decreased 4 points to 13% in 2014. The percentage of seniors that reported obtaining alcohol through these sources is still slightly higher among OPRF seniors (10% v 13%) than suburban Cook. While the reported rates of purchase through other retail outlets declined it is difficult to trend because of IYS question changes from 2012- 2014⁵.

Parents with Permission

Especially striking is the significant decrease in the parental supply or parents giving youth alcohol with permission. In 2012, 37% of seniors report getting alcohol from their parents with permission while in 2014 this number had decreased to 28%. Interestingly access among sophomores remained somewhat unchanged for parental access with permission. In 2012, about 30% of sophomores obtained alcohol with their parents' permission but in 2014 this number had decreased to 27%. Youth acquisition with parents' permission was **LOWER** in OPRF than suburban Cook County in 2014.

Stealing or Taking without Parent or Adult Permission

OPRF sophomores and seniors reported less taking of alcohol without an adult or parents' permission in 2014 compared to 2012. These numbers are significant. For example, in 2012, 39% of OPRF seniors responded that they had obtained alcohol by taking it without their parents' consent, however, in 2014 the percentage of seniors reporting this mode of access dropped to just 26%. Sophomores had similar decreases.

Friends, Older Siblings and Parties

From 2012 and 2014, access from friends decreased sharply among both OPRF sophomore and seniors. This is true of every kind of social access including those who obtained it from a friend, a party, or another adult with permission.

Seventy-eight percent of OPRF seniors indicated that a friend provided them with alcohol in 2012, but this number had declined to 66% in 2014. The same pattern is true of sophomores, in 2012, 77% of

⁴These data tables are available upon request.

⁵In 2012 there was a question about access at a gas station and stores were separate questions. However, in 2014 IYS combined it into one question "Bought it at a gas station or store?" replaced the two questions.

OPRF sophomores reported getting alcohol from a friend but that number had dropped to 56% in 2014, a significant decline.

OPRF students were also less likely to report getting alcohol at parties. Party access is the first or second most common place to get alcohol depending on the age group. In 2014, slightly more seniors (67%) reported obtaining alcohol from a party while friends were a close second (66%). For sophomores, the pattern was reversed – more sophomores indicated getting alcohol from friends (56%) than at parties (52%).

OPRF seniors who reported getting alcohol from parties declined from 78% to 67% from 2012 to 2014. The percentage in 2014 is no different than suburban Cook County. Among OPRF sophomores in 2012, 72% reported getting alcohol at a party but in 2014 this number had dropped to 52% and was lower than suburban Cook County as a whole.

Reported access through siblings dropped significantly among both OPRF seniors and sophomores during the two year period. OPRF seniors were less likely to report getting alcohol from an older sibling than suburban Cook County seniors. The difference between OPRF sophomores and suburban Cook County sophomores was only 1%.

Another exciting development is that both sophomores and seniors were much less likely to report getting alcohol from another adult (with the adult's permission) in 2014 than in 2012. These numbers have dropped significantly from 2012 to 2014. In 2012, 31% of seniors reported getting alcohol from another adult with permission but these numbers dropped to just 20% in 2014. The same pattern can be found among sophomores.

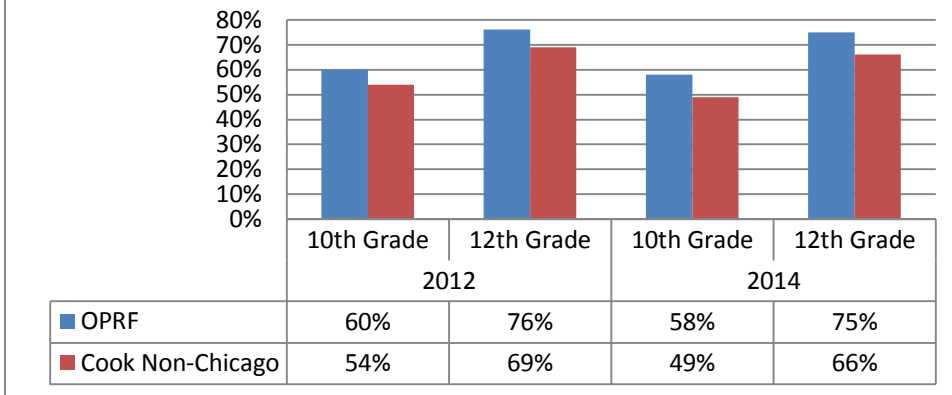
Age of Initiation

The average age of initiation for alcohol where the youth had “more than a few sips” was the nearly the same for OPRF students and suburban Cook (14.6 v 14.7 years). The average age of “began drinking regularly at least once or twice a month” was no different between OPRF students and suburban Cook students (15.9 years).

Yearly Use

Yearly alcohol rates are higher among OPRF seniors and sophomores as compared to suburban Cook County. In 2014, three quarters (75%) of OPRF seniors reported consuming alcohol in the past year compared to two thirds (66%) of suburban Cook County seniors. Fifty-eight percent of OPRF sophomores reported alcohol use in 2014 compared to slightly less than half of suburban Cook County sophomores (49%). Yearly alcohol use has decreased slightly among OPRF youth since 2012 but, has decreased dramatically in suburban Cook County as a whole.

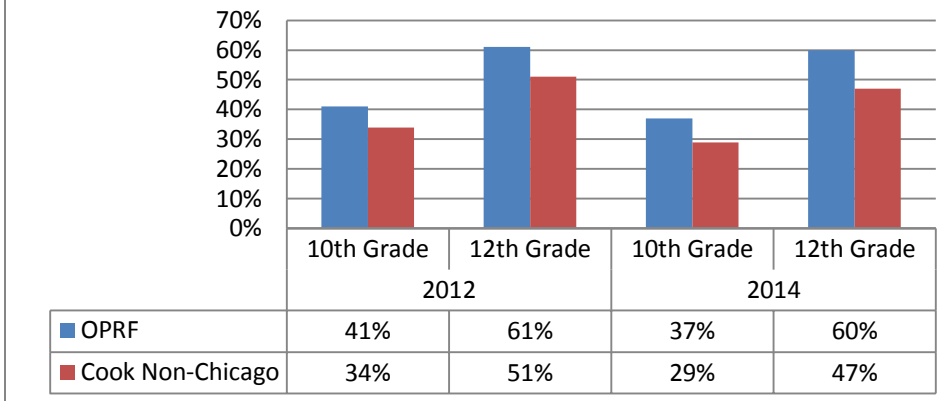
Alcohol Use in the Past Year - OPRF vs. Cook Non-Chicago (2012 & 2014)



Monthly Use

As with yearly use, monthly alcohol use is much higher among OPRF seniors and sophomores when compared to suburban Cook County as a whole⁶. Sixty percent of OPRF seniors reported drinking in the last 30 days compared to 47% of suburban Cook County seniors. The differences in reported monthly use were also striking among sophomores. Thirty seven percent of OPRF sophomores reported drinking alcohol in the last month compared to just 29% suburban Cook County sophomores. As with yearly drinking, suburban Cook County has more significant decreases in monthly drinking from 2012 to 2014 for both seniors (51% in 2012 vs 47% in 2014) and sophomores (34% in 2012 vs 29% in 2014). While monthly drinking rates have decreased over the past two years, much of this decrease has occurred among OPRF sophomores where the percentage reporting monthly alcohol use decreased by 4 points from 2012 to 2014.

Alcohol Use in the Past 30 days - OPRF vs. Cook Non-Chicago (2012 & 2014)

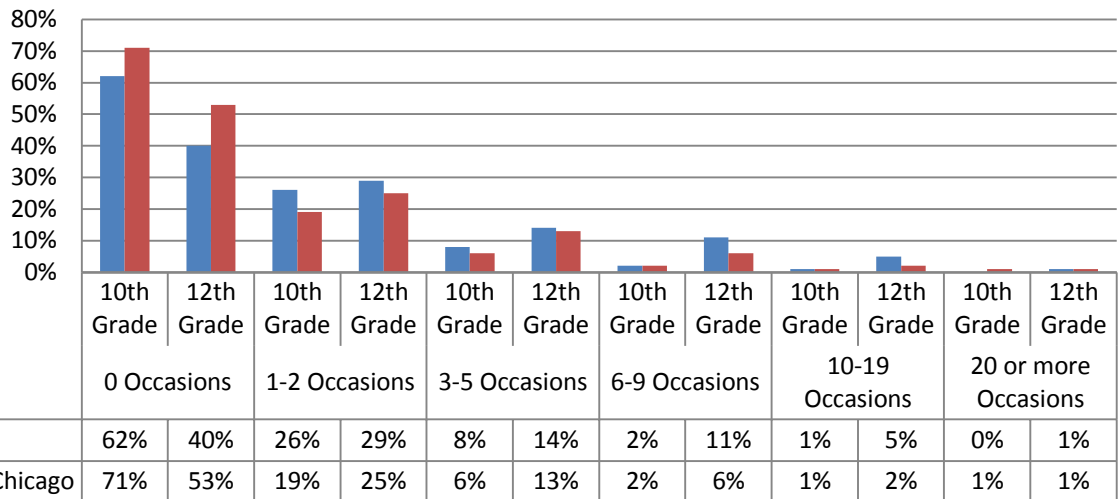


⁶IYS monthly data use rates should be used with caution because of the issue of giving the IYS directly after spring break.

Occasions per Month

There is no doubt that OPRF students report more drinking in the past month, but the question is how much more? Much of the differences between OPRF students and suburban Cook students occur in those who had no occasions of drinking in the past month, or one or two occasions. Unlike marijuana, there is more difference between the frequency of use between OPRF students and suburban Cook students. OPRF students drink more frequently than suburban Cook peers, not strikingly so, but noticeably so. For example, the percentage of OPRF seniors who reported using alcohol 6 to 9 times in the past month was 11% in 2014 compared to 6% of suburban Cook seniors.

**How many occasions (if any) have you had alcohol?
10th & 12th Grade OPRF vs. Cook Non-Chicago
(2014)**



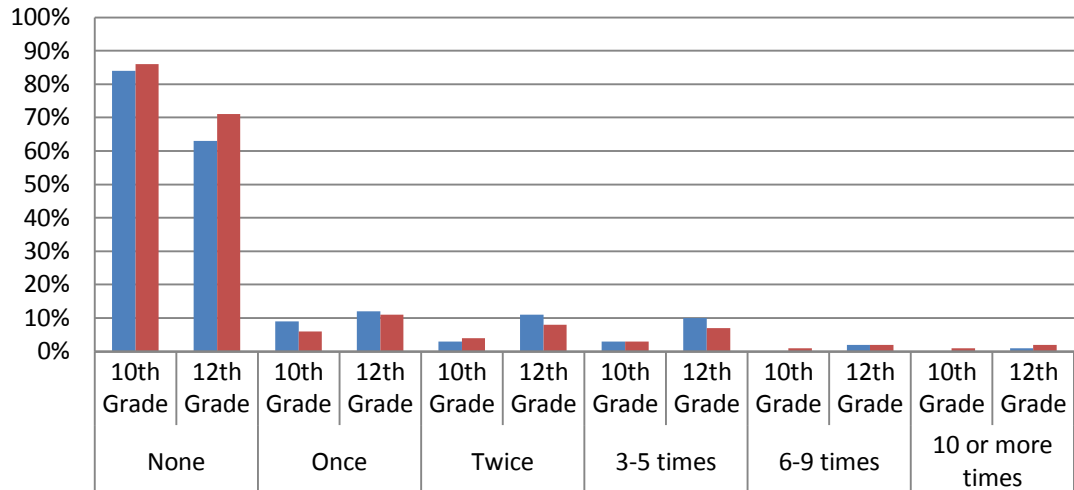
Binge Drinking

Episodic drinking often to get drunk is more common among younger people than among adults. Binge drinking is defined as 5 or more drinks in one sitting (with sitting generally defined as two hours or less). Binge drinking carries with it far more risks than having one drink – for adults and youth alike.

Binge drinking among OPRF seniors occurred more often than among students in suburban Cook County. Sixty three percent of OPRF seniors reported no binge drinking in the last two weeks compared to 71% of suburban Cook seniors. Among sophomores there was little difference among those from OPRF who reported no binge drinking (84%) compared to suburban Cook students (86%).

Among seniors who had one episode binge drinking, there is little difference between OPRF students and suburban Cook students (12% vs 11%). However, the differences are more pronounced among those OPRF students who binged twice (11% vs 8%) or 3-5 times a month (10% vs 7%).

Binge Drinking - Had five or more alcoholic drinks in a row over the past two weeks? 10th & 12th Grade OPRF vs. Cook Non-Chicago (2012 and 2014)



| | | | | | | | | | | | | |
|--------------------|-----|-----|----|-----|----|-----|----|-----|----|----|----|----|
| ■ OPRF | 84% | 63% | 9% | 12% | 3% | 11% | 3% | 10% | 0% | 2% | 0% | 1% |
| ■ Cook Non-Chicago | 86% | 71% | 6% | 11% | 4% | 8% | 3% | 7% | 1% | 2% | 1% | 2% |

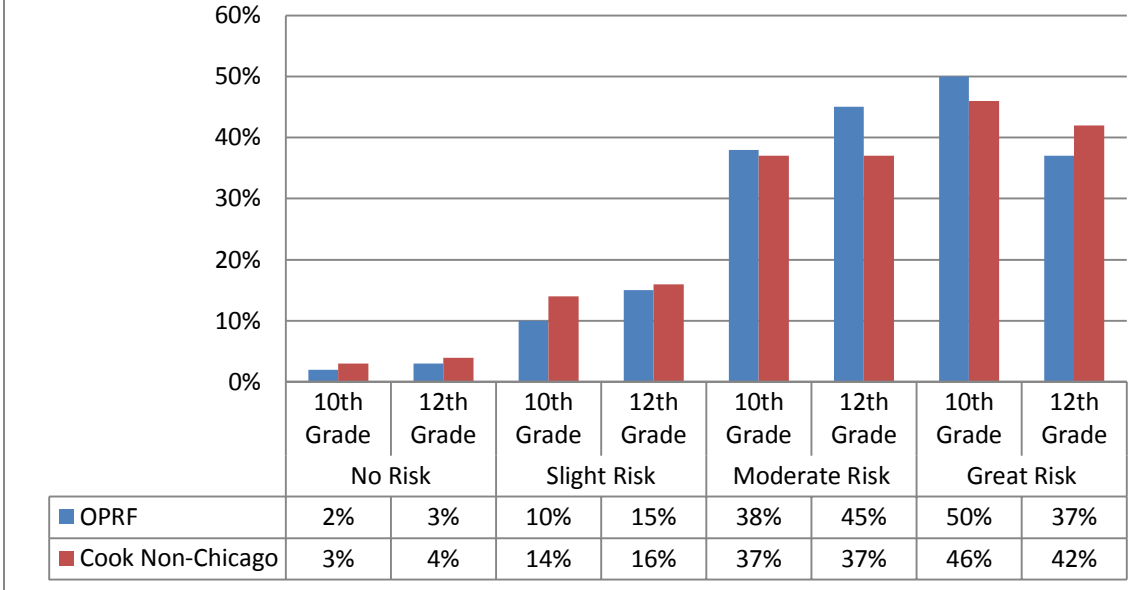
Perceived Risk: Daily Use of Alcohol

As compared to suburban Cook County as a whole, OPRF youth are less likely to see daily alcohol usage as very risky. Among OPRF seniors just 37% believed that having one or two drinks a day was a “great risk” compared to 42% of suburban Cook County seniors. On the other hand OPRF sophomores believe that daily alcohol use is more risky than their Cook County counterparts (50% s 46%).

Among the sophomores and seniors, OPRF youth slightly were more likely than suburban Cook County youth to identify daily limited drinking as a “moderate risk”.

These attitudes may come from the concepts that the idea of one glass of wine can be beneficial to health^{iv} but it is hard to be certain. We believe that the communities of Oak Park and River Forest are sophisticated when it comes to drug information and it would be hard to miss all of the media reports that have touted the benefits of drinking one drink a day – although, this is clearly not the case for school-aged children.

PERCEIVED RISK: Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day OPRF vs. Cook Non-Chicago (2014)

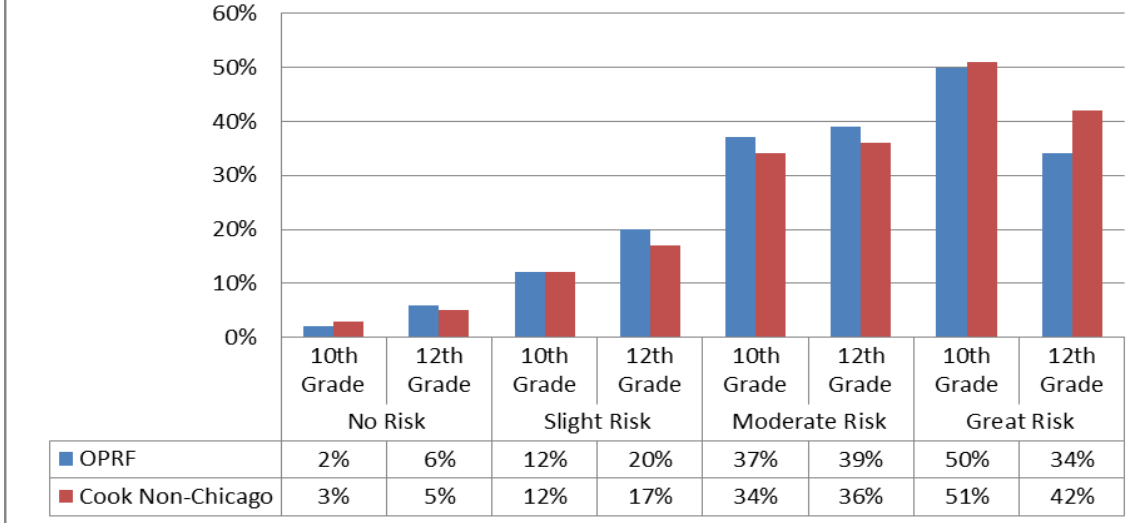


Perceived Risks of Binge Drinking

These data suggest a real disconnect between OPRF students’ perceptions of binge drinking risk. Binge drinking can be a very risky behavior that can lead to death, depending on the amount of alcohol consumed and the timeframe in which the alcohol is consumed. What is most troubling is the low percentage of seniors (34%) who perceived binge drinking as a “great risk” compared to seniors (42%) within suburban Cook County. However, OPRF sophomores and seniors are more likely than their suburban Cook County peers to see binge drinking as a “moderate risk”.

The research team views the binge drinking rates and perceptions of risk as real areas of concern as this behavior can potentially be lethal.

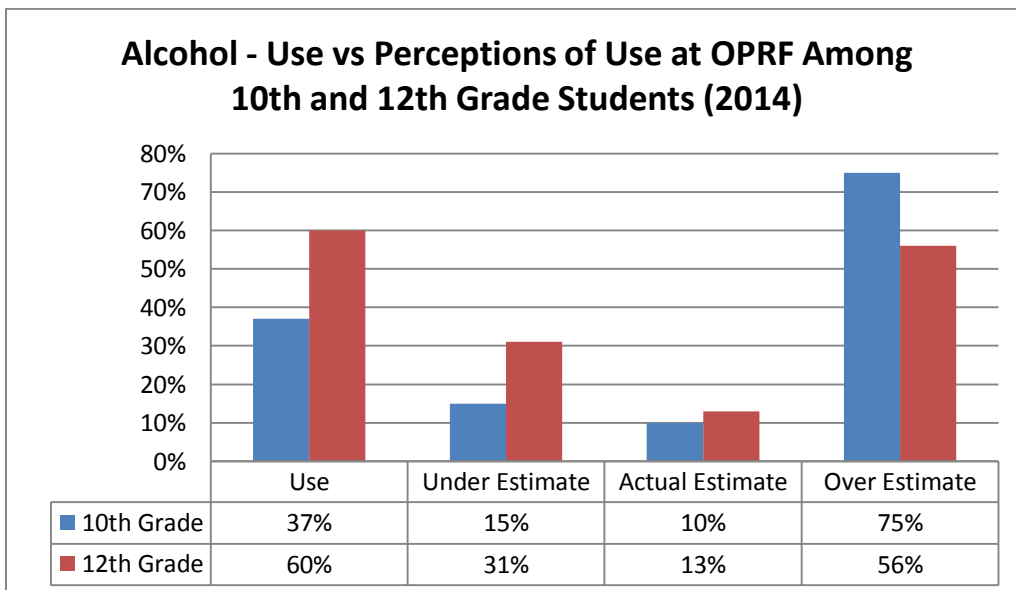
**PERCEIVED RISK: Have five or more drinks of an alcoholic beverage one or twice a week
OPRF vs Cook Non-Chicago (2014)**



Perceptions of Peer Use and Reported Use

Less than half of all students (48% is the average use rate between sophomores and seniors) used alcohol in the past month, so the majority of OPRF students did not use alcohol in the past 30 days. Most OPRF students overestimated past month alcohol use with ¾ of sophomores and nearly 60% of seniors over estimating last month’s use. These data suggest that along with cannabis, alcohol use rates are perceived to be higher by students than they really are. Social norms marketing campaigns will help to reduce the overestimation of perceived drinking and marijuana use rates among OPRF youth. This prevention technique might reduce students’ desire to drink to fit in.

Alcohol - Use vs Perceptions of Use at OPRF Among 10th and 12th Grade Students (2014)



Perception of Peer Norms – Drinking Alcohol and Perceptions of Cool

Among OPRF seniors about 24% believed that there was a “Very good chance” or “pretty good chance” that drinking once or twice a month would improve their chances of being viewed as “cool” as compared to 27% of seniors in suburban Cook County. Forty nine percent of seniors believed that drinking once or twice a month would have “very little of no chance” or “little chance” as being seen as “cool” for drinking once or twice a week, which is higher than suburban Cook seniors (43%). It doesn’t appear that alcohol use is perceived to increase social status among seniors at OPRF as compared to suburban Cook County. Similar patterns can be seen among sophomores.

Police and Other Sources

Oak Park adjudication department provided the research team with data regarding tickets for underage drinking, party going, and social hosting, for which the laws were changed in 2012. Therefore we only have one complete year of data to report. While there have been a few cases of individuals charged with providing alcohol use to minors but these are relatively small in number. About 10% of alcohol charges were for social hosting which increased from the implementation year. While possession of alcohol by a minor is charged often, the number of minors attending parties was more than 100% higher than possession of alcohol as an offense.

| Violation Text | Violation Code | 2012 | 2013 |
|--|----------------|------|------|
| Possession of Alcohol by a minor | 17-2-2 | 1 | 25 |
| Providing Alcoholic Beverages to underage person | 17-3-3 | 1 | 2 |
| Social Hosting Prohibited | 17-2-4 | 1 | 10 |
| Attending event where drugs were consumed ("Attendance at an event where alcoholic beverages or illicit drugs are consumed") | 17-2-5 | 28 | 53 |

Key Informant Interviews

Many key informants have indicated that alcohol use is more of an issue within the area than is marijuana use. Police, in particular, see more violations for underage drinking than for any drugs, including marijuana.

Illinois Department of Public Health Data

Alcohol related hospital and emergency room discharges are higher for Oak Park and River Forest youth aged 14 to 24 than the state as a whole. For comparison purposes, the research team calculated a rate per 100,000. As compared to state youth, OPRF youth have 34% higher rate for hospital discharges with alcohol mentioned in one of the diagnosis codes. As compared to Suburban Cook County OPRF youth still had higher rates of alcohol related hospital discharges over the six year period – nearly 20% higher than suburban youth as a whole.

IDPH Hospital Discharges for Alcohol Related Diagnoses among Oak Park/River Forest Youth Aged 14 to 24, 2009 to 2014⁷

| Geographic area | Rate/100,000 | Comparison Level | Percent difference |
|------------------------|---------------------|-------------------------|---------------------------|
| Oak Park/River Forest | 7941.85 | OPRF to State | 34% |
| Suburban Cook | 6658.34 | OPRF to Suburbs | 19% |
| Illinois | 5926.08 | | NA |

MARIJUANA

Availability

According to the Drug Enforcement Agency and the Chicago Area High Intensity Drug Trafficking Area report, marijuana is highly available throughout the Chicago Metropolitan region where marijuana of higher purity is becoming more available through the area^v.

Sources of Marijuana Acquisition

Nationally

The marijuana market differs considerably from the street markets for cocaine and heroin. The acquisition patterns which characterize marijuana markets do not resemble those seen among “hard” drugs. The Office of National Drug Control Policy (ONDCP) ethnographic data demonstrate that marijuana distribution occurs independently of an organized operation.^{vi} Unlike the acquisition patterns of the street drugs such as cocaine, crack, and heroin, marijuana accession is more likely to occur within a social framework. The role of the “professional” seller is minimal. According to these same studies, marijuana acquisition is more likely to occur indoors and is associated with a purchase from an acquaintance, such as a friend, or referral network.^{vii} The 2001 National Survey of Drug Use and Health (NSDUH), an organizational body monitoring drug use and related activity among the majority of the U.S population, has uncovered similar patterns.^{viii} Nearly 90% of marijuana accessions were obtained from a friend or relative, the most recurring source being friend. Among persons receiving marijuana for free, 93% cited a friend as source, likewise for those obtaining marijuana by trade (86%) and purchase (83%).

A significant amount of informal distribution occurs within the marijuana market. Not all of the marijuana purchased is used by the buyer and although some amount is sold, an even larger amount is given away. Among those who used marijuana within the last year, a significant number (68%) gave away or shared their most recent purchase. The majority of persons (78%) involved in selling marijuana also reported giving some of it away. Although transactions among friends and family members are

⁷ Please see Appendix A for ICD-9 Codes for Illinois Department of Public Health. Please see methods for data limitations in regard to IDPH data.

possible and cannot be discounted, these do not account for the totality of marijuana distribution nationally.

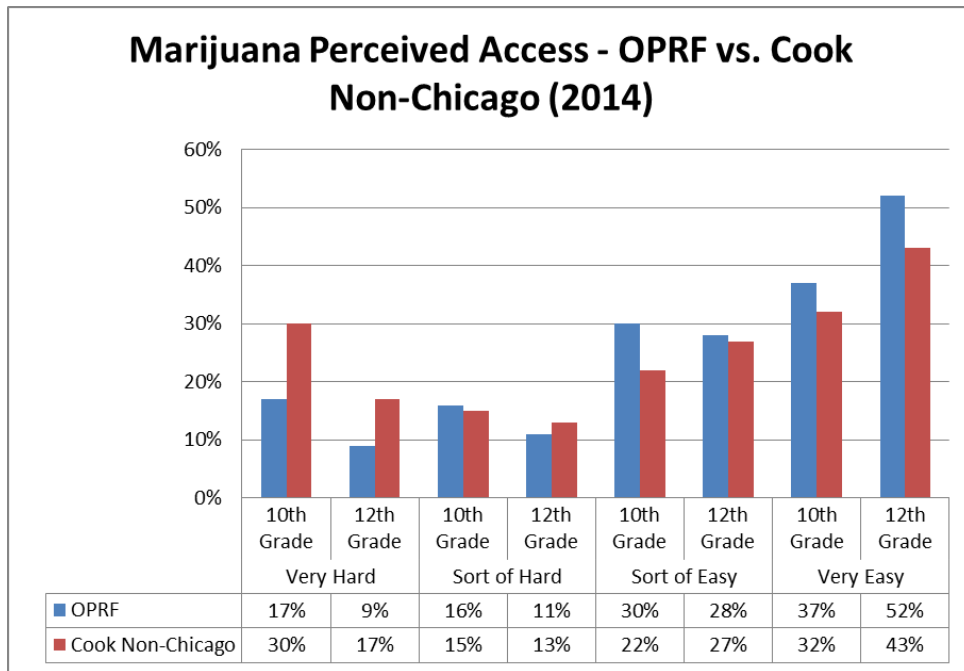
Oak Park/River Forest

Marijuana distribution and use is understood to be a peer group phenomenon. Although the above studies highlight national tendencies, the data has been extended to account for existing trends in the Oak Park and River Forest communities. The research team acknowledges that national marijuana distribution patterns are likely relevant to understanding peer context of substance use attributes of Oak Park and River Forest. Key informant interviews indicate that in both Oak Park and River Forest patterns of youth acquisition are not different from national trends, despite the proximity to Chicago.

Illinois Youth Survey

Perceived Availability/Access

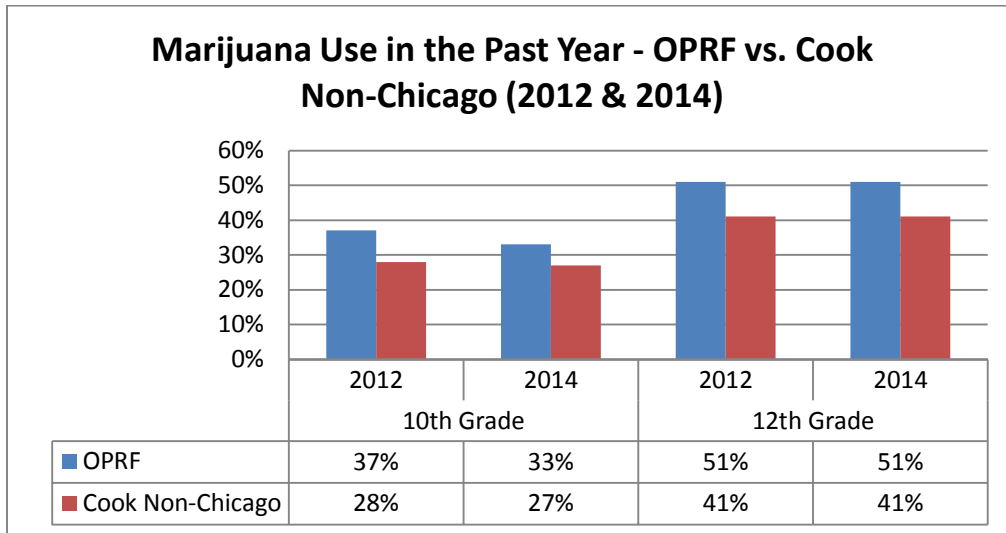
According to the Illinois Youth Survey (IYS) data, youth at OPRF believe that marijuana is easy to obtain. As with all trends, the perceived availability was higher among seniors than sophomores and this was true in both suburban Cook County as a whole and among OPRF students. Seniors report that it is “very easy” or “sort of easy” to obtain marijuana than their suburban Cook County peers. Eighty percent of OPRF seniors reported that marijuana was “very” or “sort of easy” to obtain compared to 70% suburban Cook County seniors. Just 20% of OPRF seniors reported that it would be “very hard” or “sort of hard” to obtain marijuana compared to the 30% of suburban Cook County seniors who participated in the IYS. These data suggest that youth perceptions of marijuana availability are high, and higher than suburban Cook County as a whole.



Yearly Use from 2012 to 2014

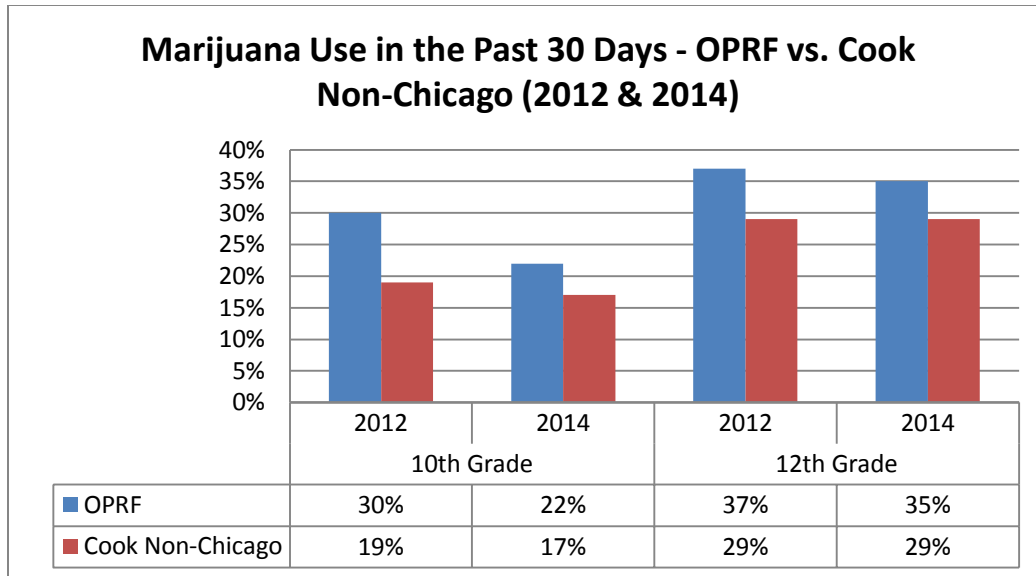
Yearly marijuana use remains higher among Oak Park River Forest High School (OPRF) youth as compared with the youth of Suburban Cook County. In both 2012 and 2014, the percentage of OPRF seniors who reported use in the past year remained stable at 51% while the percentage of seniors in suburban Cook County that reported using marijuana in the past year was 41%.

From 2012 to 2014 the percentage of OPRF sophomores who reported using marijuana decreased 4 percentage points from 37% in 2012 to 33% in 2014. Compared to suburban Cook County sophomores the percentage that reported using marijuana in 2014 was 27%, a 5% difference between the two areas.



Monthly Use from 2012 to 2014

The percentage of OPRF sophomores and seniors who reported using marijuana decreased from 2012 to 2014. In 2012, 30% of sophomores reported using marijuana in the past 30 days while only 22% reported use in 2014 – an 8 percentage point reduction in just two years. Thirty seven percent of OPRF seniors reported last month use in 2012, while in 2014, 35% reported last month’s use. In 2014, as compared with suburban Cook County, the differences among OPRF seniors was 6 percentage points higher (35% v 29%), among sophomores the difference is about the same (22% v 17%).



Age of Initiation

In terms of the age of first use of marijuana, there were no differences found between OPRF student reports and students in suburban Cook County. Both groups' average age of first marijuana use was 15.1 years.

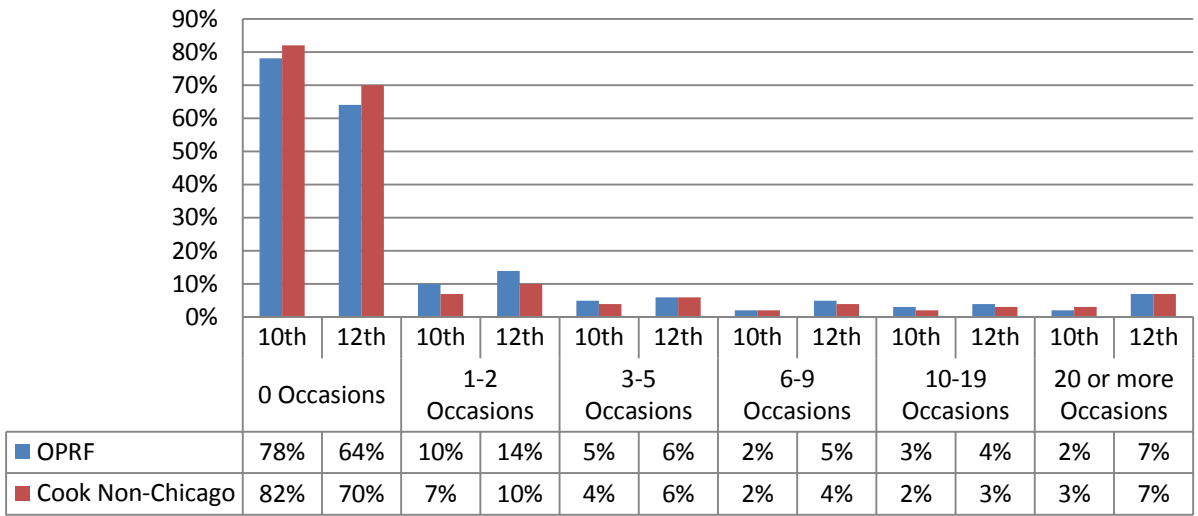
Frequency of Marijuana Use/Occasions per Month 2014

The vast majority of both OPRF sophomores and seniors did not use marijuana in the past month in 2014 (78% and 64%, respectively). Among suburban Cook County seniors, 70% of students did not report last month use, a six percent point higher rate than among reported past month use rates for OPRF seniors. Among OPRF sophomores, 78% did not use marijuana in the past month compared to 82% of suburban Cook sophomores.

Those students who reported using marijuana on one or two occasions in the past month was the second largest response category after those who reported no occasions of marijuana use during the past month, among both seniors and sophomores in 2014 (14% and 10%, respectively). Though, when comparing to Suburban Cook County, the differences were small (10% and 7%, respectively). Between OPRF students and their suburban Cook County peers, there were no to very little difference between the frequent use patterns.

These data suggest that students at OPRF might use marijuana *slightly more* than their suburban Cook County peers but it is not daily use that drives these numbers. What drives the high monthly numbers is the less frequent use of once or twice a month. The idea that OPRF students are using marijuana very frequently as compared to suburban Cook County is not evidenced by these data, nor can the research team find any indication that frequent marijuana use (e.g. more than 2 times a month) is more common in OPRF than in suburban Cook County.

How many occasions have you used marijuana in the Past 30 Days? 2014 (OPRF vs. Cook Non-Chicago)



Perceived Risk of Use

Marijuana use is not perceived as particularly risky among OPRF students, particularly seniors and is also not perceived as very risky in suburban Cook County. This is likely due to a national trend among youth as youth attitudes towards marijuana are changing. According to survey data, nearly 7 in 10 Americans believe that marijuana is less harmful than alcohol^{ix}. Sixty-three percent of Millennials support legalization of marijuana for recreational purposes, the highest of any other demographic group, and much higher than 52% of Americans who support marijuana legalization^x.

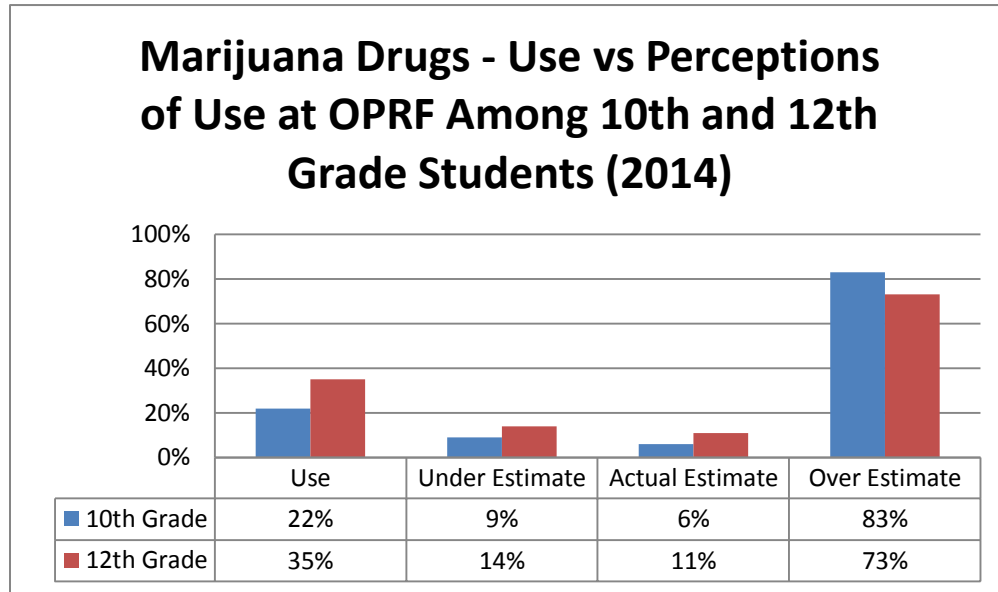
We believe that these trends are reflected in the data from the Illinois Youth Survey and that younger people perceive less risk when it comes to marijuana use, even regular weekly use. In suburban Cook County a higher percentage of seniors report “no risk” to using marijuana than reported in 2012. In OPRF, the percentage of seniors who believed that there was “no risk” to using marijuana once or twice a week has remained unchanged (28%) which mirrors the attitudes of seniors in suburban Cook County.

However, the differences between the percentage of suburban Cook seniors who reported that using marijuana once or twice a week presented a “great risk” was found to be higher than OPRF seniors (20% vs 11%). Differences were also found between OPRF and non-Chicago Cook seniors in terms “slight risk” (36% vs 28%). It was apparent that OPRF sophomores displayed the same pattern when compared to suburban Cook sophomores.

Perceptions of Peer Use and Reported Use

Sophomores and seniors at OPRF were extremely likely to overestimate the percentage of students who used marijuana in the past month. Of seniors, more than 7 out of ten (73%) overestimated the percentage of students who used in the past month while slightly more than 1 in 10 were correct (11%).

Sophomores were more likely to overestimate marijuana use than seniors. Over 8 out of 10 (83%) sophomores overestimated the percentage of students who used marijuana in the past month while slightly more than one in 20 (6%) guessed correctly.



Perception of Peer Norms – Smoking Marijuana and Perceptions of “cool”

The Illinois Youth Survey asks students whether they believe that using marijuana would make them more or less likely to be viewed as “cool” by their peers. About 1/3 of sophomores and more than 25% of seniors reported that the perception that using marijuana might impact peer impressions of “being cool” as “pretty good” or “very good”. Forty-three percent of seniors and 44% of sophomores reported that marijuana use would have little to no impact on “coolness”, but these numbers are lower than suburban Cook County (50% for both grades).

These data suggest that marijuana use is perceived to enrich social status. However, since most seniors and sophomores overestimated peer use, students might be subject to significant misperceptions of actual drug use.

*Oak Park Police Data*⁸

The research team requested data through a Freedom of Information Act (FOIA) request for the Oak Park police department and found that arrest rates have remained more or less stable since 2008. The numbers are too low to trend and provide little information about drug use rates, particularly as arrests changed to tickets in 2012 and the ordinance violation was created. Although we have the data, we choose not to present it here as it is unclear from the data whether these were charged as arrests or as

⁸ Please see Appendix D for FOIA request.

tickets. In addition, arrests or tickets are not a good measure of use because they are dependent on policing practices.

*Oak Park Adjudication Data*⁹

Since the ordinance violation was put in place in 2012, there has been an increase in youths receiving tickets for marijuana possession; however, this number is very small when compared with citations for attending a party where alcohol is present (about ¼ of the total). However, it is clear that the marijuana citation is being used for those under age 18.

Illinois Department of Public Health Hospital Discharge Data

The research team requested hospital and emergency room discharge data for cannabis related diagnoses for those aged 14-24 from both Oak Park and River Forest Townships, and comparison data from suburban Cook County and the state of Illinois¹⁰. OPRF aggregated hospital discharges for cannabis were 27% higher as compared to state. Cannabis discharged rates for the same age groups were 22% higher than suburban Cook County.

| Geographic area | Rate | Comparison Level | Percent Difference |
|-----------------------|---------|------------------|--------------------|
| Oak Park/River Forest | 6676.54 | OPRF to State | 27% |
| Suburban Cook | 5473.28 | OPRF to Suburbs | 22% |
| Illinois | 5240.81 | | NA |

Key Informants

Dissonance

Key informants within schools and law enforcement indicate that marijuana is the most common illicit drug that they see. In the high school, it is rare to find someone in possession of alcohol. However, it is not uncommon to find students who have used marijuana before school events. Possession of marijuana within the school is less common but does occur regularly which is not surprising considering the size of the school. Additionally, there have been very few cases of marijuana distribution in the schools. Key informants who have worked at other school districts indicate that marijuana use is actually less prevalent in OPRF than in other school districts.

On the other hand, a number of key informants had differing views of marijuana use among Oak Park and River Forest youth. These key informants expressed concern that marijuana has become normalized in Oak Park, in particular, and that marijuana use was extremely high. They believed the primary source of marijuana was parents who were providing it to their children.

We have found no evidence of this practice and the key informant interviews with police indicate that the source of marijuana in the community appears to be peer to peer transactions.

⁹ Ibid

¹⁰ Please see method for data limitations; please see Appendix A for diagnosis codes.

PRESCRIPTION PILLS AND OTHER DRUGS

“Prescription drugs” is really a “catch all” phrase that doesn’t mean much except that they meet the qualifications of being pills that are available by prescription. There are many drug classes within prescription pills which include opioids, stimulants, and sedative/hypnotics. These categories can be difficult to disentangle but because of our mixed methodology, the research team feels confident in these results.

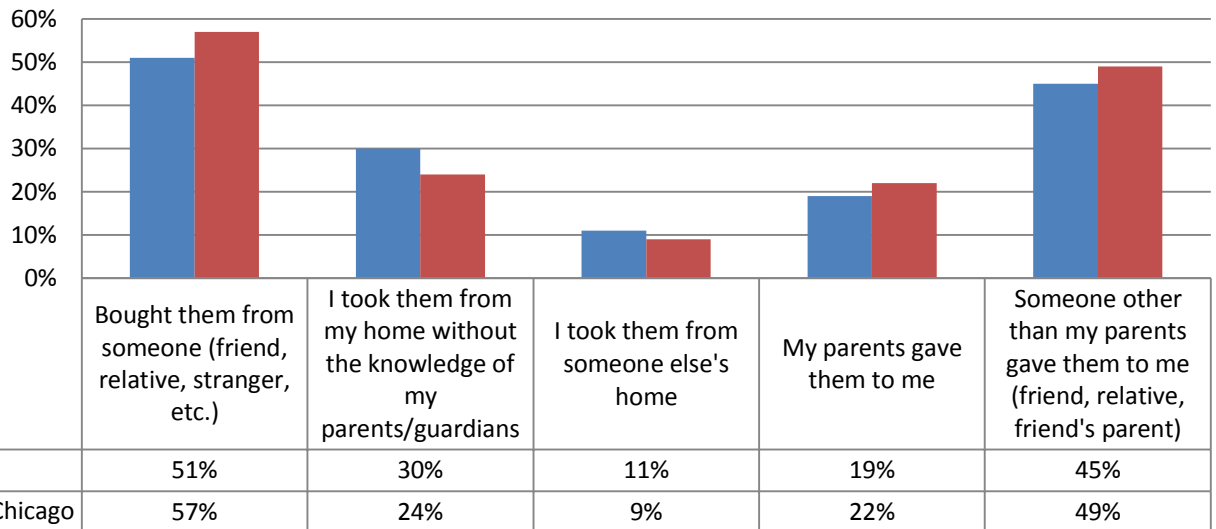
Source of Prescription Drugs

Overall, in 2014 seniors were more likely than sophomores to report purchasing prescription pills and more likely to take them without parents’ permission than sophomores. OPRF seniors were less likely than suburban Cook seniors to have acquired prescriptions from their parents (19% vs 22%), through purchasing (51% vs 57%) or by getting them from someone else besides parents for free (45% vs 49%). However, OPRF seniors were more likely to have taken prescription pills from their parents without knowledge as compared to suburban Cook seniors (30% vs 24%) and to have taken them from someone else’s house (11% v 9%) in 2014.

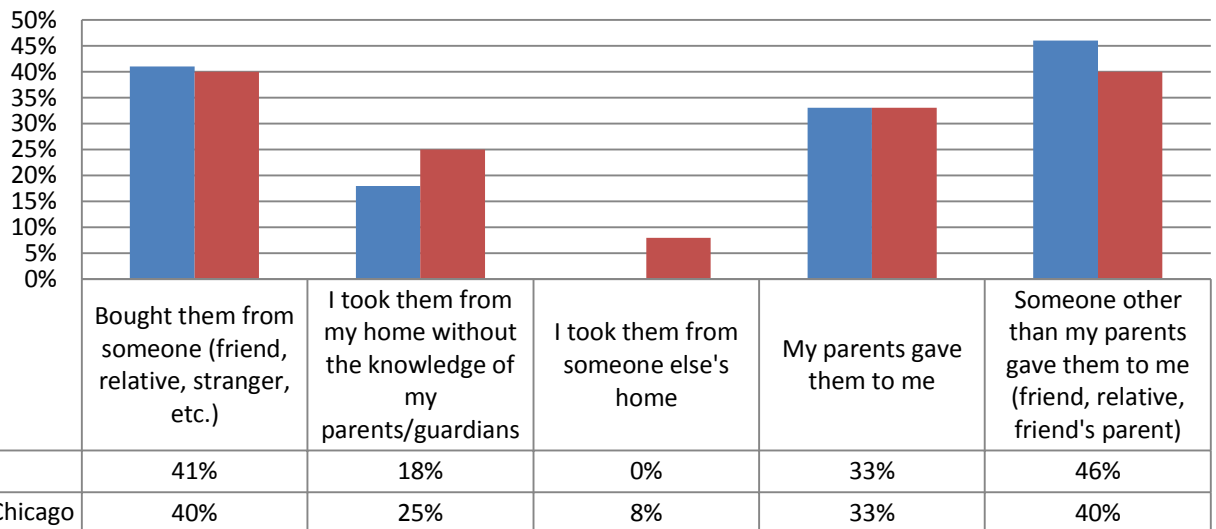
In terms of prescription pill acquisition, these patterns suggest that there are many community based solutions to control the supply of prescription pills. Adults should be more careful in monitoring pill use and locking up all scheduled drugs or keep a responsible and good track of their medications.

The research team wonders if the question regarding acquisition and whether the response “My parents gave it to me” might be misinterpreted by younger youth. We are not sure that this question is valid or reliable – students might not understand the difference between prescribed drugs dispensed by their parents and drugs that are not prescribed to them that are dispensed by their parents. The team believes that it would be useful to add a question to the IYS survey to clarify this issue.

Prescription Drug Source Among Prescription Drug Users Past Year OPRF vs Cook Non-Chicago 12th Grade (2014)



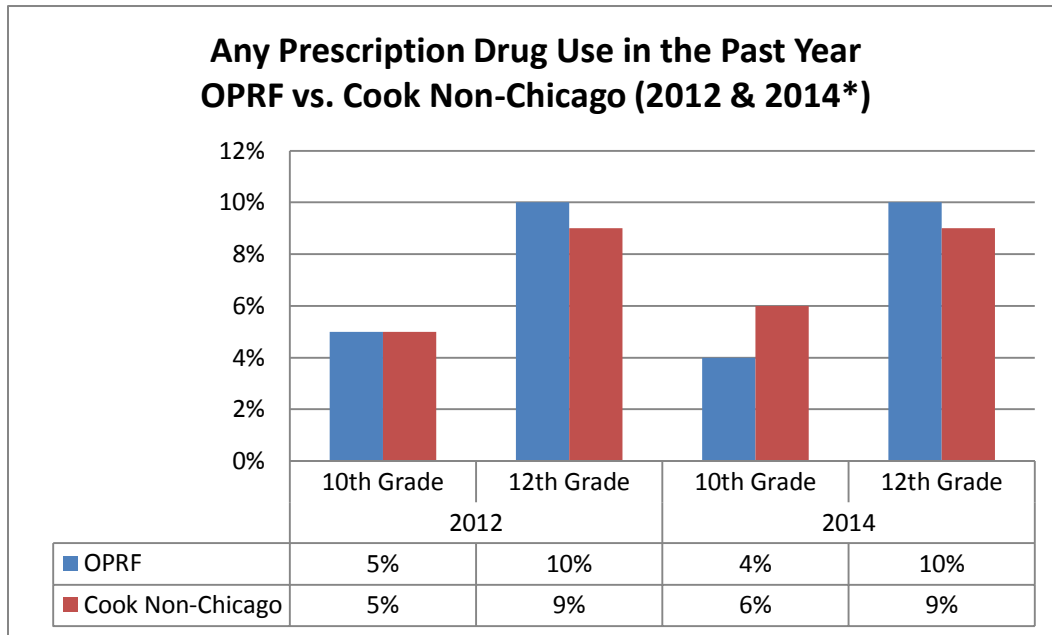
Prescription Drug Source Among Prescription Drug Users Past Year OPRF vs Cook Non-Chicago 10th Grade (2014)



Past Year Use

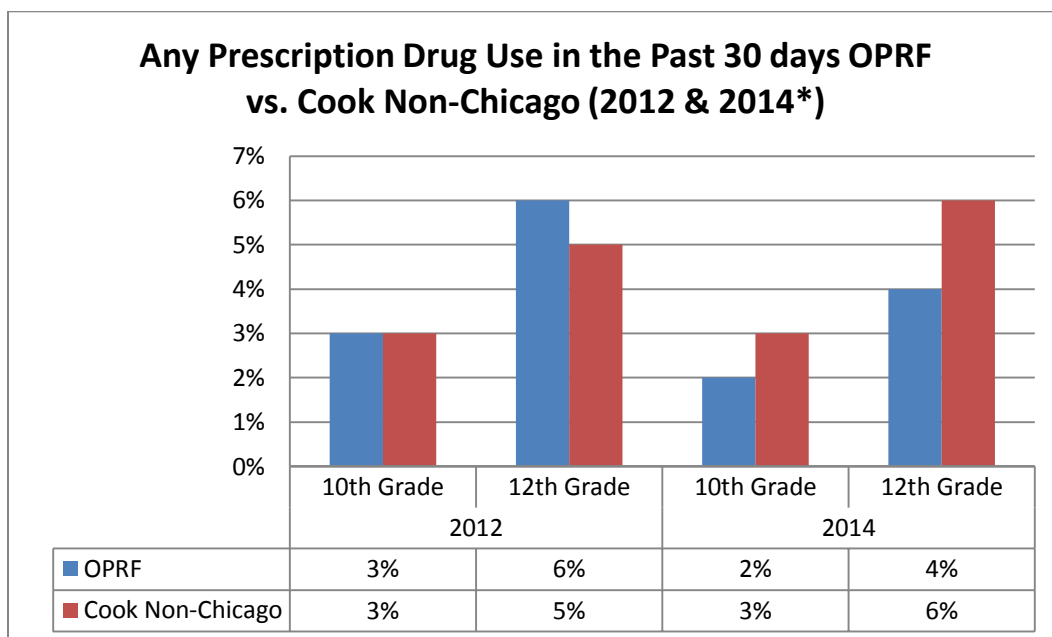
In 2014, albeit not very high, past year prescription pill use of both seniors and sophomores was about the same between OPRF youth as their suburban Cook peers. For example, OPRF seniors were slightly more likely than suburban Cook peers (10% vs 9%) to have reported past prescription pill use but the

difference is not meaningful. For sophomores, the rate of past year prescription pill use was nearly the same for both OPRF and suburban Cook (4% vs 6%).



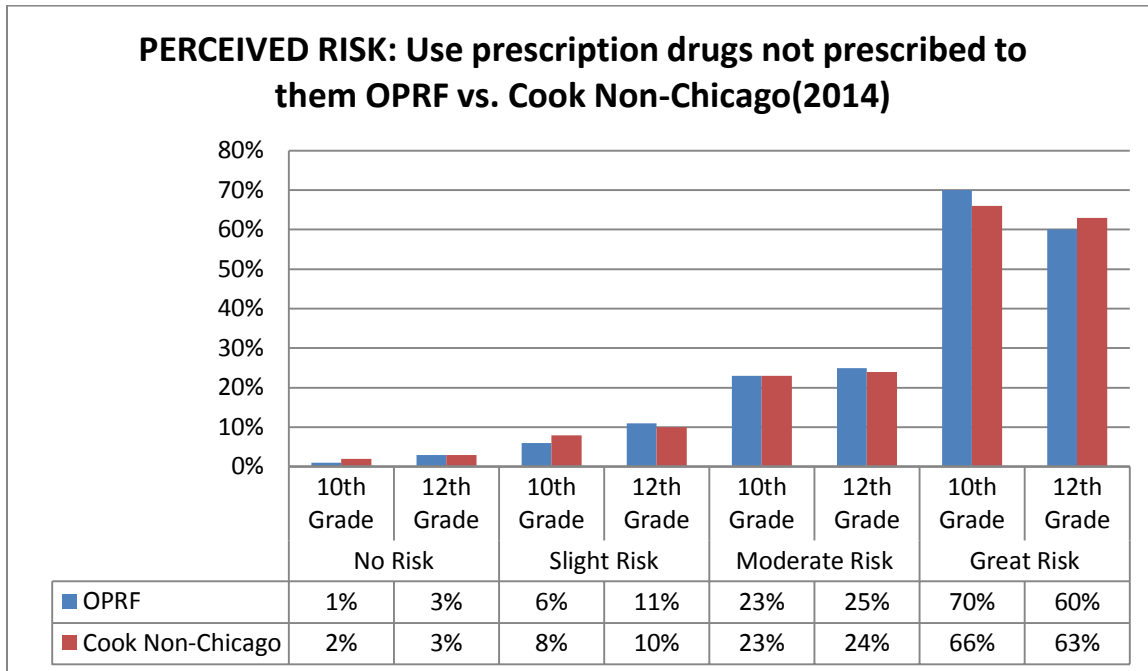
Past Month Use

In 2014, the past month prescription pills misuse was lower for sophomores than seniors both among OPRF and suburban Cook students. Additionally, OPRF seniors were slightly less likely to report last month prescription pill use than suburban Cook students (4% vs 6%). OPRF sophomores had slightly lower past month pill use than their suburban peers (2% vs 3%) in 2014.



Perceived Risk for Prescription Pills

In 2014, most OPRF seniors believed that there was “great risk” or “moderate risk” in using prescription pills not prescribed to them and that the percentages were very similar between OPRF seniors and suburban Cook seniors (85% vs 87%). Sophomores from OPRF were more likely than suburban Cook sophomores to perceive use of prescription pills as a “great risk” or “moderate” risk (93% vs 89%). The responses of both sophomores and seniors who believe that there is “no risk” or only a “slight risk” is very small among both geographical groups, OPRF students and their suburban Cook peers.

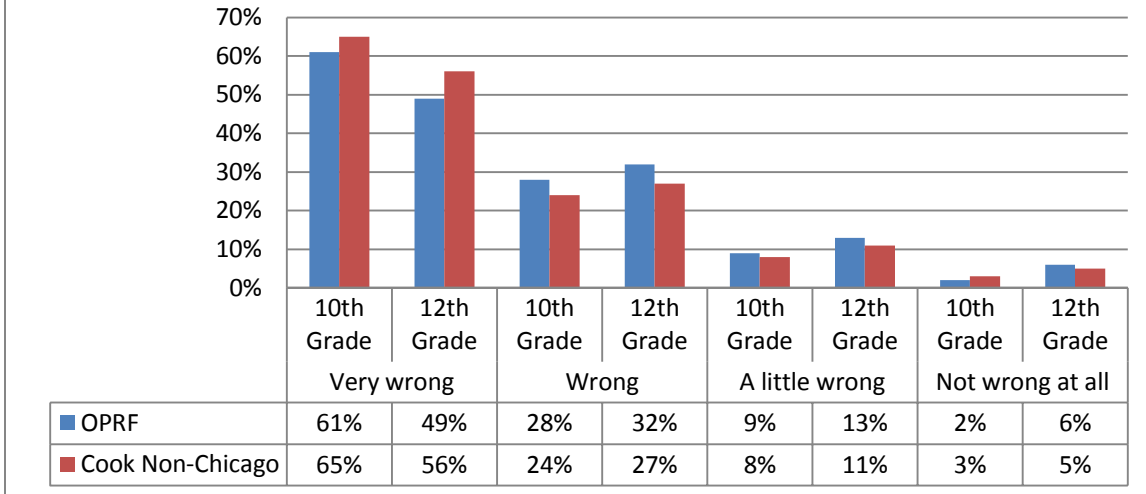


Personal Disapproval

There were differences between OPRF students and suburban Cook peers regarding personal disapproval of prescription drug use. More suburban Cook seniors viewed using prescription pills as “very wrong” as compared to OPRF seniors (56% vs 49%) and this same pattern could be seen among sophomores. Among sophomores, suburban Cook students were more likely to respond that prescription drug use was “very wrong” (65% vs 61%).

However, when you compare the two response categories of “very wrong” and “wrong” there were more similarities than differences between OPRF and their suburban peers. For example, among OPRF seniors and suburban Cook seniors the difference was negligible (81% vs 83%, respectively). Among sophomores, the pattern was the same with 89% of OPRF and suburban Cook students reporting that non-medical use of prescription pills was “very wrong and “wrong.”

**PERSONAL DISAPPROVAL: Use prescription drugs not prescribed to them
OPRF vs. Cook Non-Chicago (2014)**

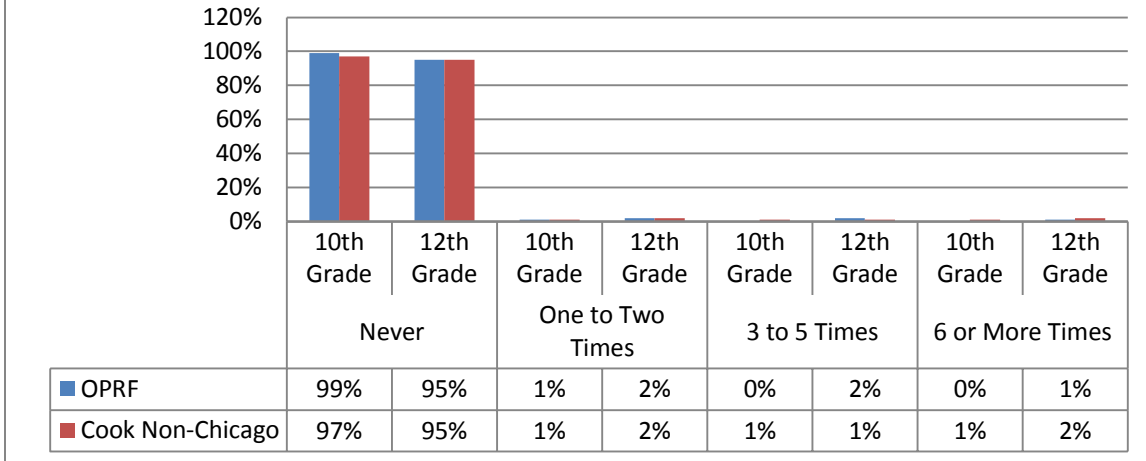


Prescription Painkillers – Opioids in Perspective

The research team sees little to be concerned about regarding opioid pills and heroin. In 2014, reported heroin use among OPRF seniors and sophomores was 0% as compared to 1% among respective cohorts in suburban Cook County.

IYS data also indicates that opioid pill use among OPRF students is lower than those students in suburban Cook County (See prescription painkillers below). Additionally, the rate of hospital discharges for all opioids, including heroin, is 9% lower than suburban Cook County rate, although 7% higher than the state’s rate for 2009-2014. While the research team believes that these findings are positive, opioids should be monitored more closely for changes in rates in the future; though, at this time, we do not believe that opioid use is higher than average for the area.

**Prescription Painkiller Use: Past Year Occasions
with Oxycontin, Vicodin, Lortab
OPRF vs. Cook Non-Chicago (2014)**



**Illinois Department of Public Health Data Hospital Discharge Rate
for Opioids (ages 14-24) 2009-2014**

| Geographic area | Rate/100,000 | Comparison Level | Percent difference |
|-----------------------|--------------|------------------|--------------------|
| Oak Park/River Forest | 1938.35 | OPRF to State | 7% |
| Suburban Cook | 2121.00 | OPRF to Suburbs | -9% |
| Illinois | 1805.66 | | NA |

Other Pills – Teasing out what is what

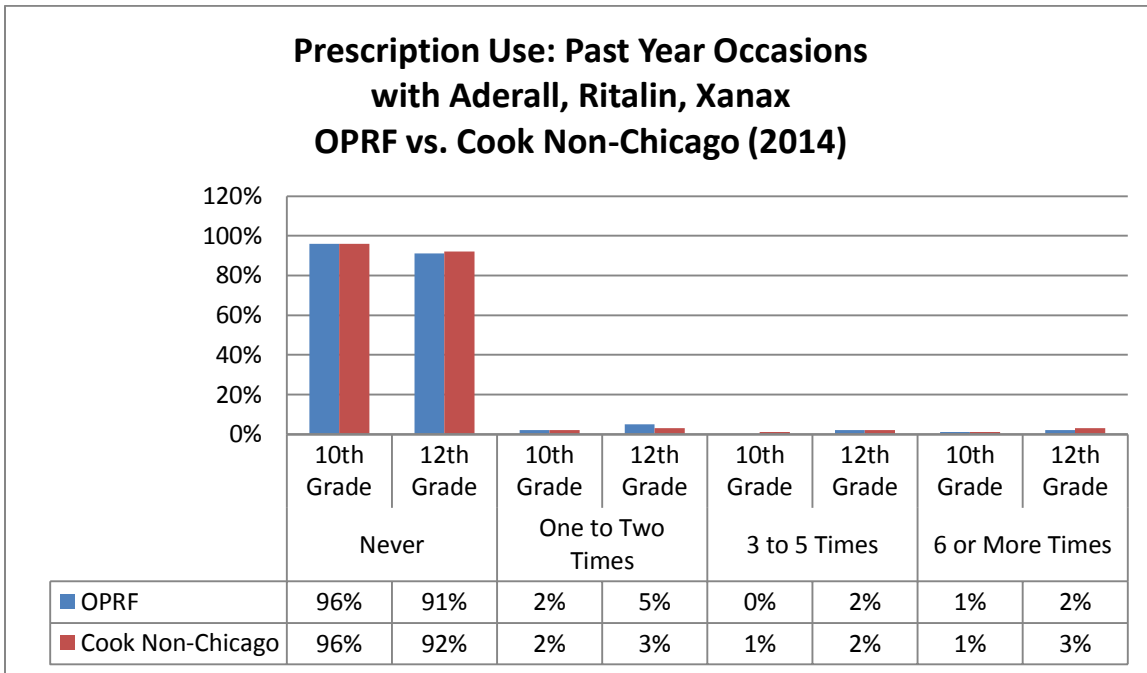
Unfortunately, the Illinois Youth Survey combines substances in this following question about prescription pill use where the drugs classes cross. The question reads: “During the past 12 months, how often have you used: ‘Other prescriptions drugs to get high? (e.g. Ritalin, Adderall, Xanax, etc.)’” The unfortunate combination of including both stimulants (Ritalin and Adderall) and sedative/hypnotics (Xanax) makes it difficult to know exactly what kind of drug was used in the past year. Thankfully, the addition of IDPH hospital discharge data gives us an idea (see charts below).

According to the IDPH hospital discharge data, OPRF youth are more likely than their suburban Cook or state peers to have been discharged from the hospital due to stimulants. Compared to the state, OPRF rates were 23% higher, and compared to suburban Cook the rates were 37% higher. Comparatively, the hospital discharges for sedative/hypnotics were lower for OPRF youth compared to the state (3% lower) and suburban Cook (9% lower).

Therefore, with these multiple indicators, the research team believes that misuse of prescription stimulants is probably where most of the prescription pill misuse occurs. Many students might use

these drugs in combination with alcohol – so that they can drink longer without falling asleep – a very risky and dangerous practice.

Other uses of stimulant pills without a prescription – often referred to as “study buddies” come from the desire to achieve rather to escape reality. We suspect that both kinds of stimulant pill misuse are occurring in the community. It is important to monitor these pills closely. If a child is prescribed stimulant medication for a medical condition such as Attention Deficit Hyperactivity Disorder (ADHD) and they do not want to take them, it is important to not continue to fill the prescriptions. It is also extremely important to **monitor** these prescriptions as they often are sold within schools or in the community to other youth. It can be a real challenge to monitor a teen’s ADHD medication (meds). Teens may not like it and it may be hard to dispense them on a regular basis. However, there is a line between dispensing meds, monitoring meds, and handing an entire month of prescription drugs over to a teen. One suggestion our team would consider is keeping a week’s worth of medication out at one time and to lock up the rest. For example, a parent can dispense one week’s worth of medication on Sunday which would then cut down on possible availability within the community.



**Illinois Department of Public Health Data Hospital Discharge Rate
for Stimulants (ages 14-24) 2009-2014**

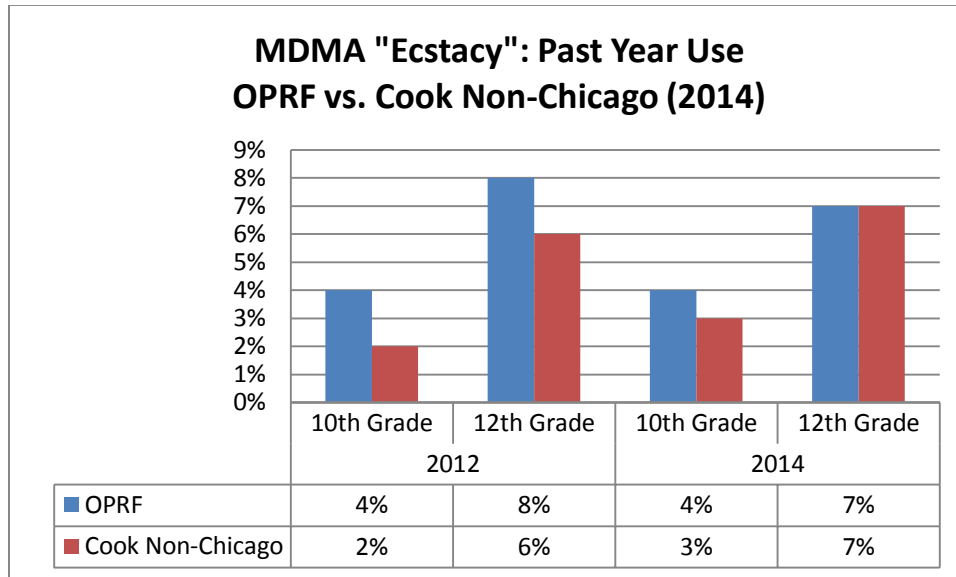
| Geographic area | Rate/100,000 | Comparison Level | Percent difference |
|-----------------------|--------------|------------------|--------------------|
| Oak Park/River Forest | 471.1266658 | OPRF to State | 23% |
| Suburban Cook | 344.9299581 | OPRF to Suburbs | 37% |
| Illinois | 383.1640993 | | NA |

**Illinois Department of Public Health Data Hospital Discharge Rate
for Sedative/Hypnotics (ages 14-24) 2009-2014**

| Geographic area | Rate/100,000 | Comparison Level | Percent difference |
|-----------------------|--------------|------------------|--------------------|
| Oak Park/River Forest | 390.36 | OPRF to State | -3% |
| Suburban Cook | 428.48 | OPRF to Suburbs | -9% |
| Illinois | 401.43 | | NA |

MDMA

According to the 2014 Illinois Youth Survey numbers, past year MDMA use is the same among OPRF seniors and their suburban Cook peers (7%). While there is a slight difference between OPRF sophomores reporting past year MDMA use compared to suburban Cook (4% vs 3%, respectively). We suspect that MDMA might be higher in OPRF than IYS data suggest – but this is based on stimulant rates and other hallucinogen data from hospital discharges. It is very hard to know whether MDMA is consistently classified as a stimulant or a hallucinogen – MDMA shares characteristics with both. Medical coding is dependent on the doctor who enters in the diagnosis. There is no specific category for MDMA but hospital discharge rates for both stimulants and hallucinogens are higher among OPRF youth than among suburban Cook or state peers. (See IDPH Stimulant and Hallucinogen tables for more information).

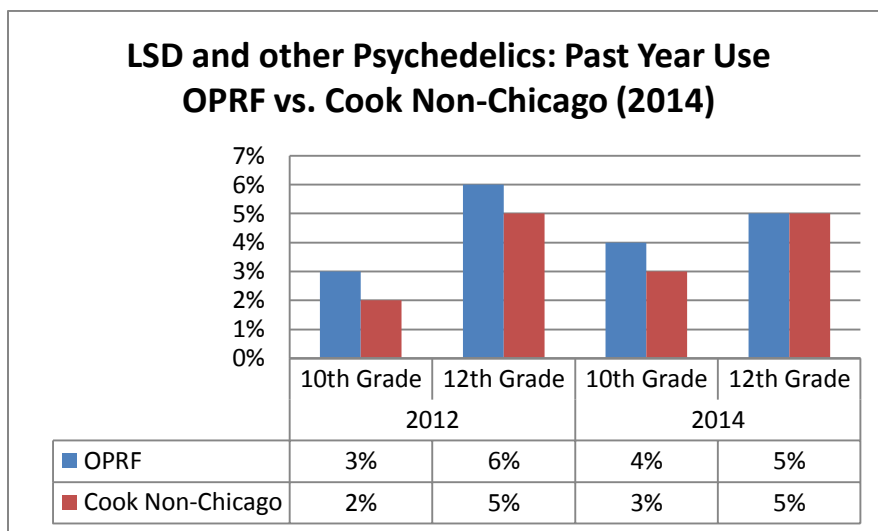


Hallucinogens

While there are very few differences in response rates from the Illinois Youth Survey between OPRF students and suburban Cook students in terms of past year hallucinogen rates (5% for seniors in both geographies) with a one percentage point difference between OPRF sophomores and their suburban peers (4% v 3%), we believe these data are underreported. Part of this project was to use multiple

indicators to ensure reliable data. After analyzing the IDPH Hospital Discharge data the research team found that rates for hallucinogens were *significantly* higher than the rates for suburban Cook County and the State of Illinois. OPRF youth were two times more likely to be discharged from the hospital for hallucinogens than youth in the state as a whole (106% higher) and suburban Cook County (96% higher).

Since hallucinogen use is generally less common than alcohol use or marijuana use, or even tobacco, it is not surprising that IYS was not able to pick up the subtle differences, as use rates are generally low. But, the hospital discharge data suggests that more youth are using hallucinogens than are probably represented in the IYS data which might be an issue to be addressed in the future. This represents an area where data collection and observations of patterns is warranted.

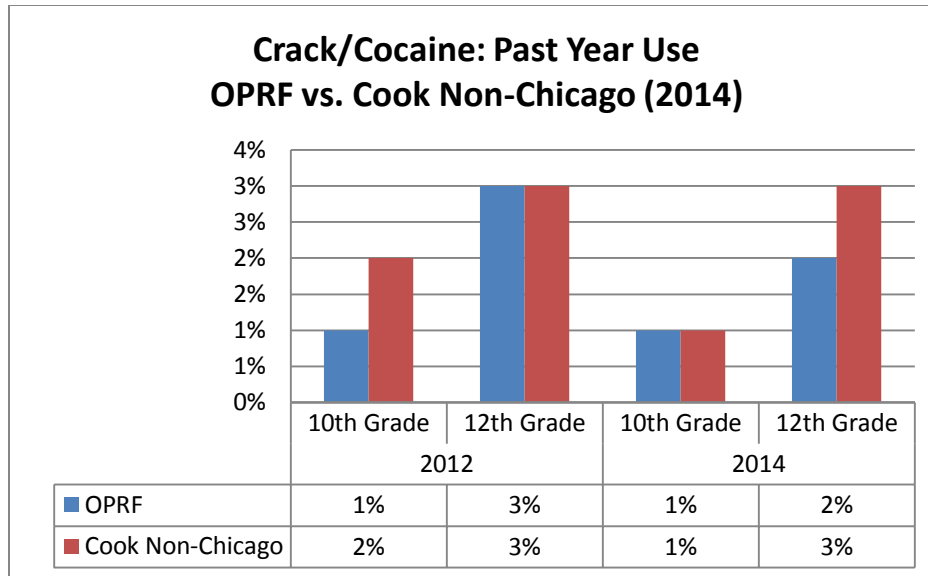


**Illinois Department of Public Health Data Hospital Discharge Rate
for Hallucinogens/Psychedelics (ages 14-24) 2009-2014**

| Geographic area | Rate/100,000 | Comparison Level | Percent difference |
|-----------------------|--------------|------------------|--------------------|
| Oak Park/River Forest | 242.2937138 | OPRF to State | 96% |
| Suburban Cook | 117.5271552 | OPRF to Suburbs | 106% |
| Illinois | 123.5386351 | | NA |

Cocaine

According to multiple indicators, cocaine use appears to be lower among OPRF youth than among suburban Cook or state peers. The IYS data show this pattern which is further confirmed with the IDPH hospital discharge data. The hospital discharges demonstrate a significantly lower rate among OPRF youth for cocaine compared to suburban Cook County (39% lower) as well as the state (32% lower). Generally, cocaine use is down across the nation but, even so, it appears that OPRF youth are probably less likely to use cocaine than peers in the suburbs or the state or in suburban Cook County which is promising.



**Illinois Department of Public Health Data Hospital Discharge Rate
for Cocaine (ages 14-24) 2009-2014**

| Geographic area | Rate/100,000 | Comparison Level | Percent difference |
|-----------------------|--------------|------------------|--------------------|
| Oak Park/River Forest | 484.5874276 | OPRF to State | -32% |
| Suburban Cook | 794.8385991 | OPRF to Suburbs | -39% |
| Illinois | 717.6900663 | | NA |

DISUSSION

While there are positive news to report regarding access to alcohol and positive changes in regard to alcohol supply, alcohol remains the most important and prominent substance use issue facing Oak Park and River Forest youth. One concern is the lack of understanding of the risks associated with binge drinking. Youth in Oak Park and River Forest seem relatively unconcerned with binge drinking and this may be due to a number of reasons. First, youth may not understand the dangers of binge drinking. Second, youth may not understand that 5 drinks in one sitting (two hours) is the definition of binge drinking. It is not surprising that young people drink more episodically, as this is found in the literature. Social norms marketing campaigns should be used as the vast majority of youth overestimate monthly drinking rates.

In addition, it is important to work specifically on reducing the binge drinking among OPRF youth. Specified and detailed education campaigns targeted at binge drinking would be very helpful in this practice while addressing the associated dangers with binge drinking which include death.

While yearly and monthly marijuana use is higher among OPRF students as compared to suburban Cook County youth, these differences are perhaps not as high as some key informants' perceptions. Much of the differences in reported marijuana use occur among those using marijuana once or twice a month

whereas more frequent use patterns were similar between OPRF students and suburban Cook County. Some of these differences might be attributable to test taking, as the seniors are given the IYS right after spring break, which might impact responses.

Furthermore, from 2012 to 2014, OPRF students reported a greater decline in marijuana use in the past 30 days than suburban Cook County students. OPRF sophomores also experienced a greater decline in marijuana past year use than suburban Cook County sophomores, while seniors in both populations remained stable. This encouraging trend shows that OPRF sophomores and seniors are closing the gap in overall marijuana use with suburban Cook County.

The majority of students within OPRF overestimated marijuana use rates among their peers (73% for seniors and 83% for sophomores), and some students perceived that marijuana use is associated with increased social status. These perceptions may lead to inaccuracies in the survey results as students may report use as a measure of “appearing cool,” even if they have not used in the past month.

The data from Illinois Department of Public Health (IDPH) indicates that OPRF youth have 27% higher rate of marijuana related hospital discharges compared to state as a whole and about 22% higher than suburban Cook County. These data in conjunction with IYS and key informants indicates that marijuana is more prevalent in OPRF than in suburban Cook County as a whole. The research team looked for community comparisons and found that the social norms marketing campaign at Evanston Township High School indicates that 35% of all students used marijuana in the past month^{xi}, so we do not believe that these numbers are extraordinarily high, particularly when compared to a similar community such as Evanston. The Oak Park and River Forest communities do have higher than average marijuana use rates but these differences, according to IYS data is focused primarily among those use marijuana once or twice a month, rather than more frequent use. Since these communities – Oak Park and River Forest – tend to be progressive, it is not surprising that risk associated with marijuana use is not high considering changes in attitude on the national arena.

In terms of other drug misuse, including opioids, sedative/hypnotics, stimulants, hallucinogens, cocaine, methamphetamine, opiate pills and heroin, there is considerable good news to report. Opioid use is higher than the state average but lower than that of suburban Cook County according to hospital discharge data. Cocaine use as measured also by hospital discharges among OPRF is well below the state and the suburbs. Heroin use appears to not be a concern. These are all good indicators.

A concern the research team does have is that parents and adults need to be more observant of prescription pills, particularly the ADHD medications and pain pills. Stimulant use is higher among OPRF youth than among youth in the state and youth in suburban Cook. Hospital discharges for stimulants show an increased rate among OPRF youth as compared to the state and suburban Cook County. Key informant interviews indicate that some youth may desire the stimulant pills for studying or for recreation. Provide clear messages that misusing ADHD medication, particularly in combination with depressants such as alcohol, can be a deadly combination.

In terms of OPRF youth substance use issues, we would rank them in the following order of concern:

1. Alcohol is the biggest concern and should be the largest priority area, particularly binge drinking;
2. Marijuana;
3. Stimulant pills, especially in combination with alcohol;
4. Hallucinogens, including MDMA (although hallucinogens are infrequently used, the significantly higher rates for hallucinogen related hospital discharges are double that among OPRF youth when compared to youth across the state and suburban Cook County, and therefore is included on this list.)

Drugs of less concern at this time include:

1. Cocaine;
2. Heroin;
3. Opioid Pills;
4. Sedative/Hypnotics (e.g. Xanax, Klonopin, Valium, etc.);
5. Methamphetamine.

It is important that the community applauds what it has done regarding limiting access to alcohol. It appears that these strategies have paid off. The research team does believe that the concerns regarding marijuana use are likely a bit overstated. In particular, prescription pill use needs to be discussed within drug classes (e.g. depressants, stimulants, etc.).

Parents and adults in the community need to be more careful about monitoring prescription pill use as a whole. Key informants discussed pills as a concern but, not as something that they have witnessed. However, in a school setting, or even with the home, it is very difficult to see prescription pill misuse; pills are easy to conceal and do not have a smell.

Keeping prescription drugs locked up in safe place is essential for all scheduled drugs. Teens should not have unfettered access to prescription pills, even their own. Prescription drugs, including stimulants, have a black market value. If a child is prescribed ADHD medication the parent should talk to them about safe medicine usage and the associated risks of using these medications in combination with alcohol.

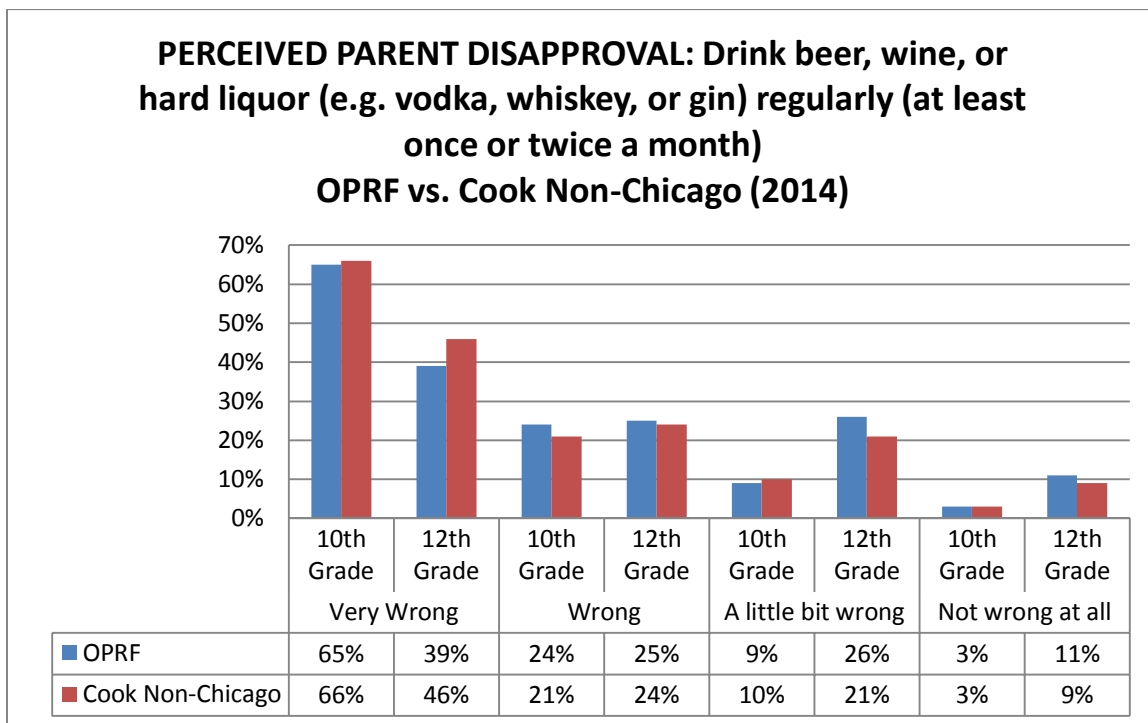
PARENTS

In the following section we provide an overview of trends from the Illinois Youth Survey followed by a literature review on best practices regarding parental monitoring and supervision. The data reveals that an appropriate and healthy amount of parental monitoring occurs among OPRF adolescents. OPRF monitoring and/or supervision of sophomores do not differ significantly from that of suburban Cook peers. However, parental supervision of seniors is less apparent. Evidence has confirmed that the family plays a pivotal role in both prevention and intervention throughout adolescent development.

ALCOHOL

Perceived Parental Disapproval

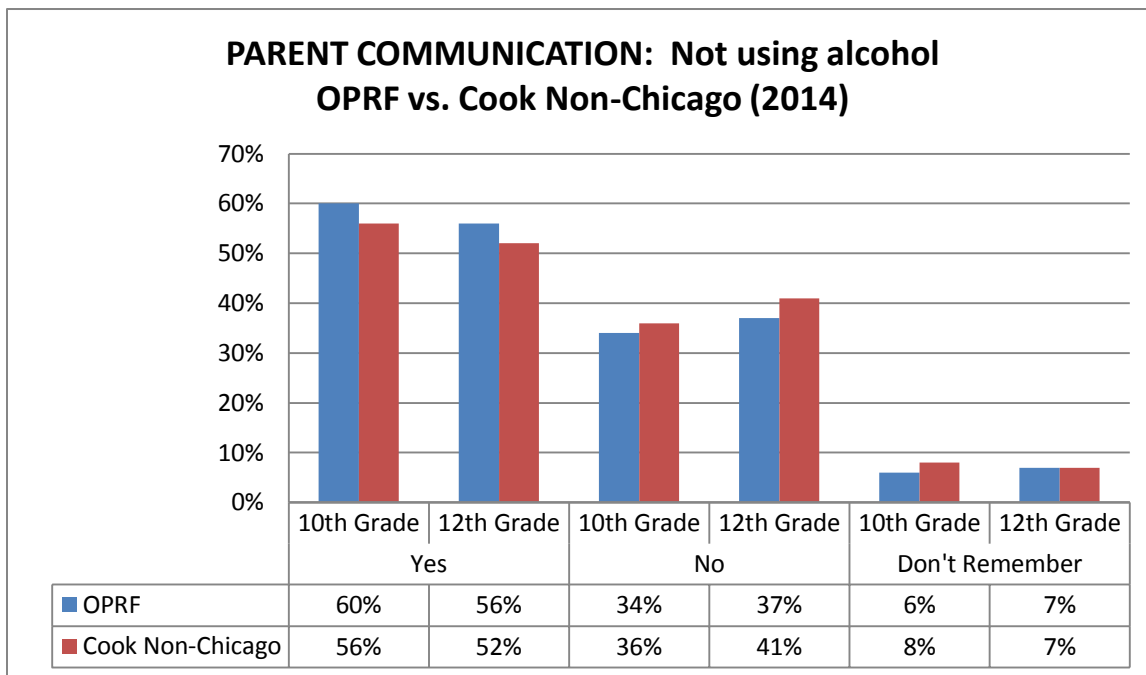
In 2014, OPRF seniors were less likely than their suburban Cook peers to believe that their parents would think it was “very wrong” or “wrong” to drink alcohol regularly – once or twice a month (64% vs 70%). Slightly higher percentages of OPRF sophomores reported that they believe their parents would think it was “very wrong” or “wrong” to drink alcohol once or twice a month compared to suburban Cook sophomores (89% vs 87%). Overall, OPRF seniors view parental disapproval less than their suburban Cook peers.



Parental Communication Regarding Not Using Alcohol

In 2014, a higher percentage of OPRF students say their parents have talked to them about not using alcohol than their suburban Cook peers. For example, 56% of OPRF seniors reported their parents talking to them about not using alcohol compared to suburban Cook peers (52%). For sophomores, the

percentage of OPRF students who reported having this conversation with their parent(s) was higher than among their suburban Cook peers (60% vs 56%)



Perceptions on Parental Monitoring of Drinking: Would parents know if....?

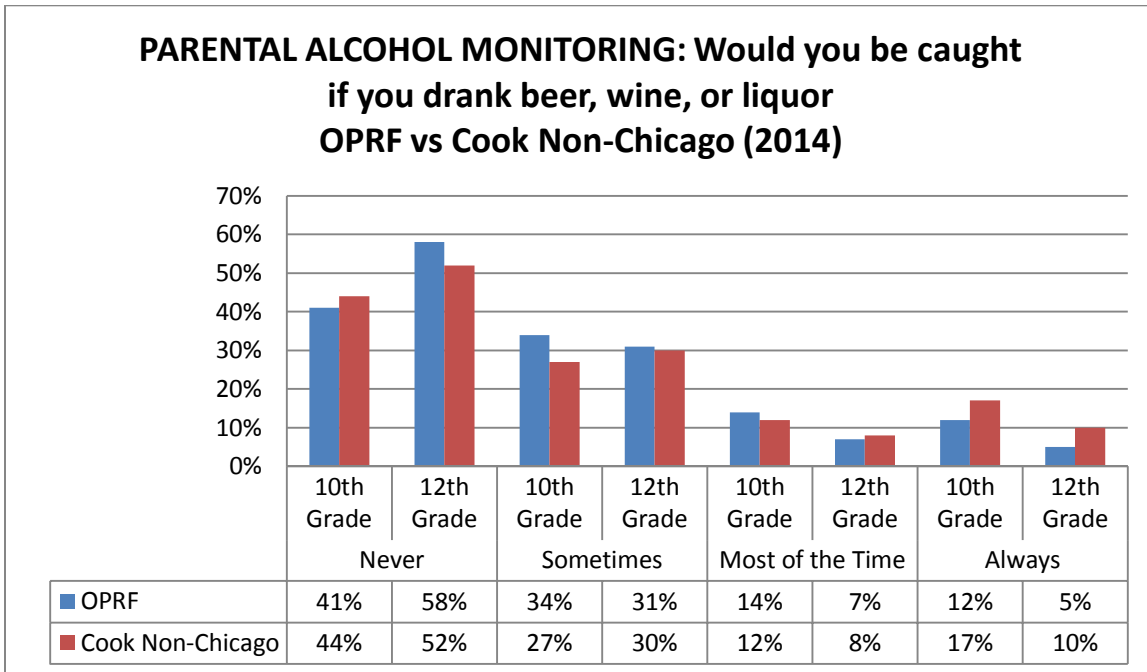
Seniors

In 2014, OPRF youth perceptions of alcohol monitoring – particularly among seniors – appears to be lower than the perceptions of monitoring held by suburban Cook County youth. For example, OPRF seniors are more likely to report that they would “never” be caught for using alcohol (58% vs 52%) than suburban Cook peers. The percentage of OPRF seniors who reported that they would “always” be caught was just 5% compared to 10% of suburban Cook peers (See Alcohol Monitoring 1: Caught for Using). Similar difference can be seen among seniors when it comes to parental monitoring of alcohol at parties. Among OPRF seniors, 65% stated that they would “never” get caught if they went to a party where alcohol was present compared to 59% of suburban Cook seniors (See Alcohol Monitoring 2: Caught for Going to Parties). In terms of riding in a car with a teen that had been drinking, the response of OPRF seniors and suburban Cook seniors who reported “never caught” was the same, 57% (See Alcohol Monitoring 3: Caught for riding in a car with a teen who had been drinking). In terms of drinking and driving, OPRF seniors were slightly less likely to report that they would be caught “always” or “most of the time” by their parents if they drank and drove (38% vs 39%, See Alcohol Monitoring 4: Caught for Drinking and Driving).

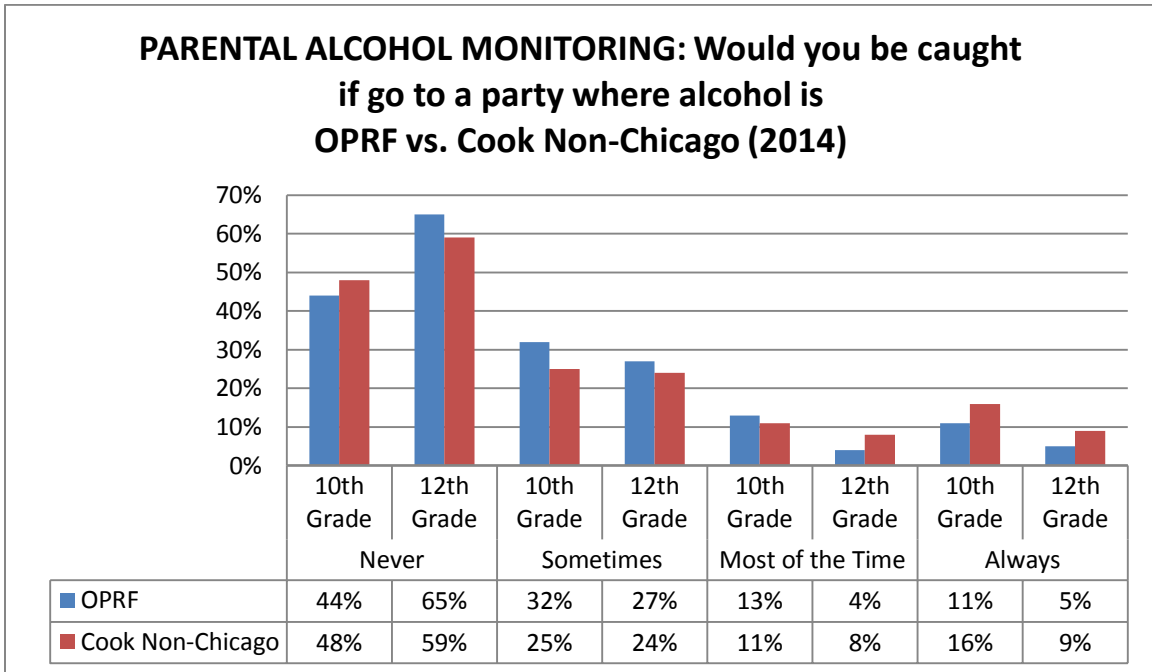
Sophomores

In 2014, OPRF sophomores reported more parental monitoring when it comes to alcohol than seniors. In general, sophomores were more likely to report being caught for drinking alcohol than suburban Cook peers in every category except “always” and “never” for which there were differences. The same was true for parties – OPRF students were more likely to report the perception that they would get caught for drinking – except for the category “always” for which there was a difference (11% v 16%, Alcohol Monitoring Table 2: Caught Going to Parties) and the “never” category. In terms of getting into a car with a teen who had been drinking, OPRF sophomores reported significant differences from suburban Cook peers in terms of perceiving that their parents would “always” catch them (16% v 21%, Alcohol Monitoring Table 3). But in terms of OPRF sophomore’s perception of parental monitoring of their own drinking and driving, OPRF sophomores believed that their parents would catch them more often than their peers in Suburban Cook (See Alcohol Monitoring 4: Caught for Drinking and Driving).

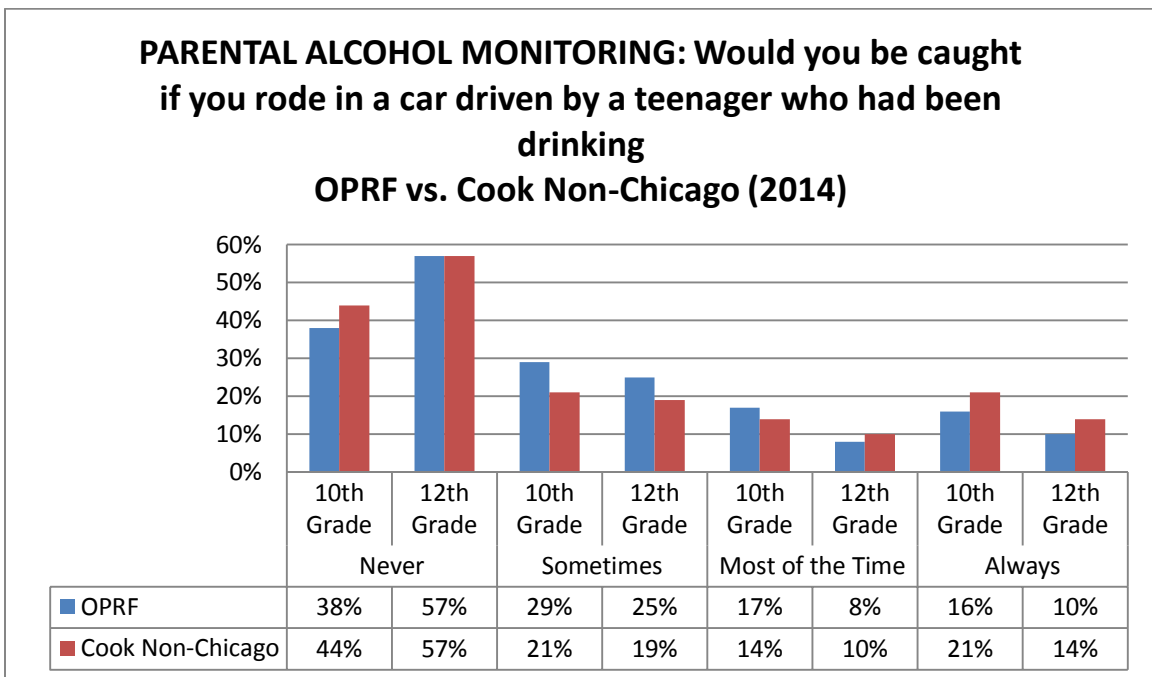
Alcohol Monitoring 1: Caught Using Alcohol



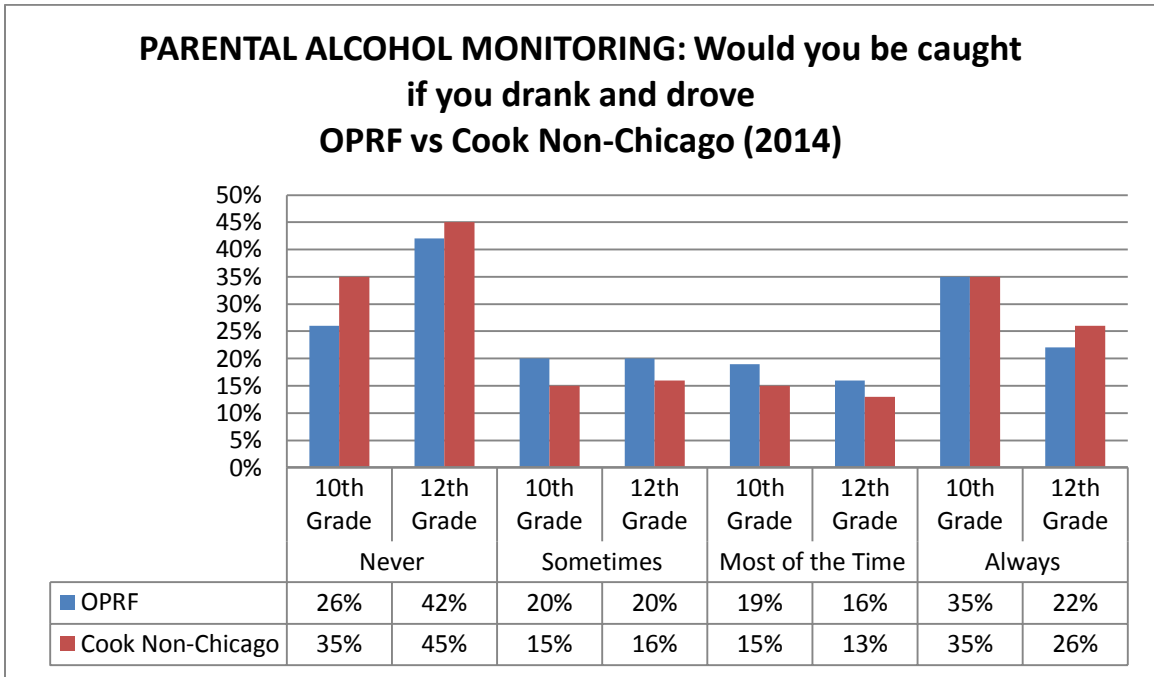
Alcohol Monitoring 2: Caught Going to Parties Where Alcohol Is



Alcohol Monitoring 3: Caught for riding in a car with teen who had been drinking



Alcohol Monitoring 4: Caught for Drinking and Driving



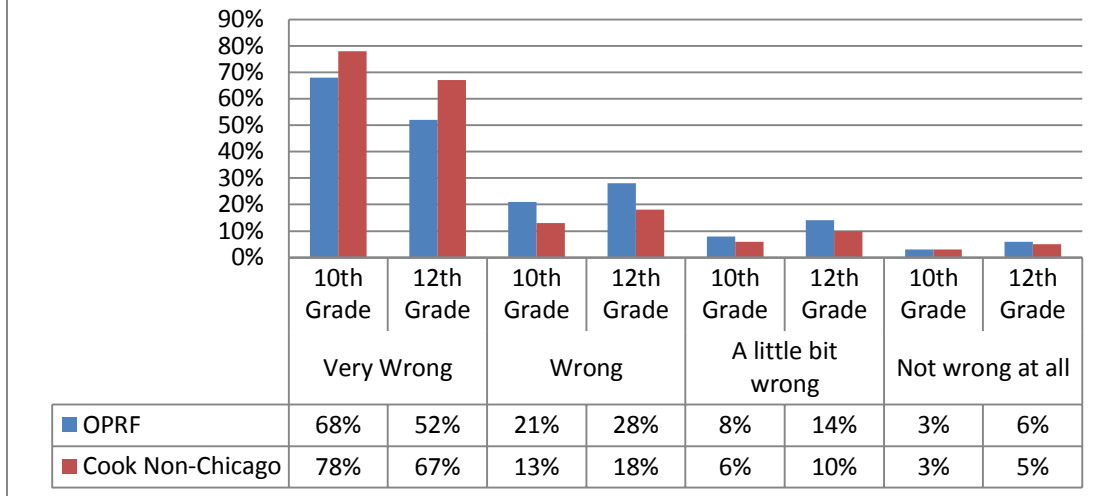
MARIJUANA

Perceived Parental Disapproval

Both sophomores and seniors’ perceived parental disapproval was much lower than in suburban Cook County in 2014 for using marijuana. The largest difference was between OPRF seniors and non-Chicago Cook County seniors in the perception that parents would perceived smoking marijuana is “very wrong” (52% to 67%). However, a similar, though not as large, percentage difference was found among OPRF sophomores as compared to non-Chicago Cook County sophomores with their perception to marijuana as “very wrong” (68% v 78%).

This data may again be reflective of overall changes regarding marijuana use as less harmful than alcohol use. Since 69% of Americans believe that marijuana use is less dangerous than alcohol use, this attitude makes sense particularly in progressive, affluent areas like Oak Park and River Forest.

**PERCEIVED PARENT DISAPPROVAL: Smoke Marijuana
OPRF vs. Cook Non-Chicago (2014)**

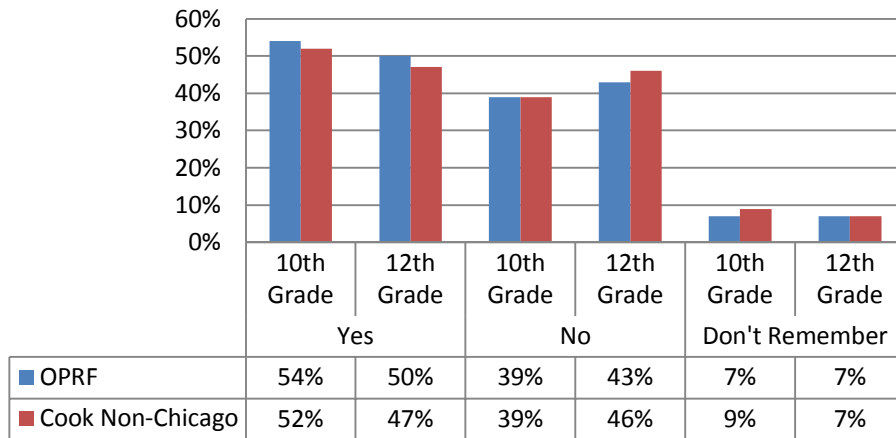


Parental Communication Regarding Not Using Marijuana

Unfortunately, the Illinois Youth Survey changed the question from 2012 to 2014 regarding marijuana. In 2012, sophomore and seniors were asked “Have your parents/guardians talked to you about not using marijuana *and illegal drugs*,” but the question in 2014 was changed to “Have your parents/guardians talked you about not using marijuana.” Therefore, comparisons between years cannot be made.

However, youth reports of parents that did talk to their children about not using marijuana were higher in OPRF than in non-Chicago Cook County for 2014. Half of OPRF seniors (50%) stated that their parents had talked to them about not using marijuana compared to 47% of non-Chicago Cook County peers. The same pattern was seen among sophomores with a larger percentage of OPRF students reporting parent communication about not using marijuana than their suburban Cook peers (54% vs 52%).

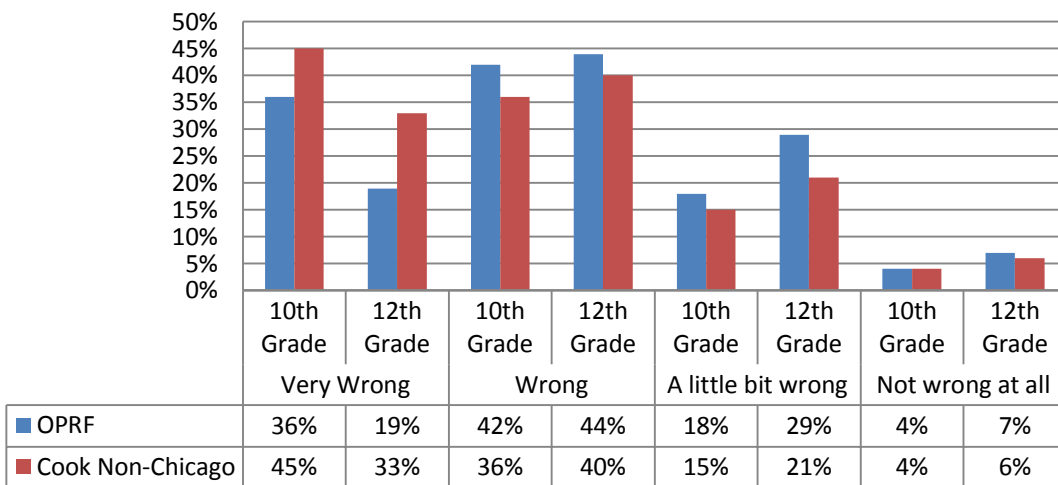
**Parent Communication: Not using marijuana
OPRF vs. Cook Non-Chicago (2014)**



Perceived Adult Disapproval of Marijuana

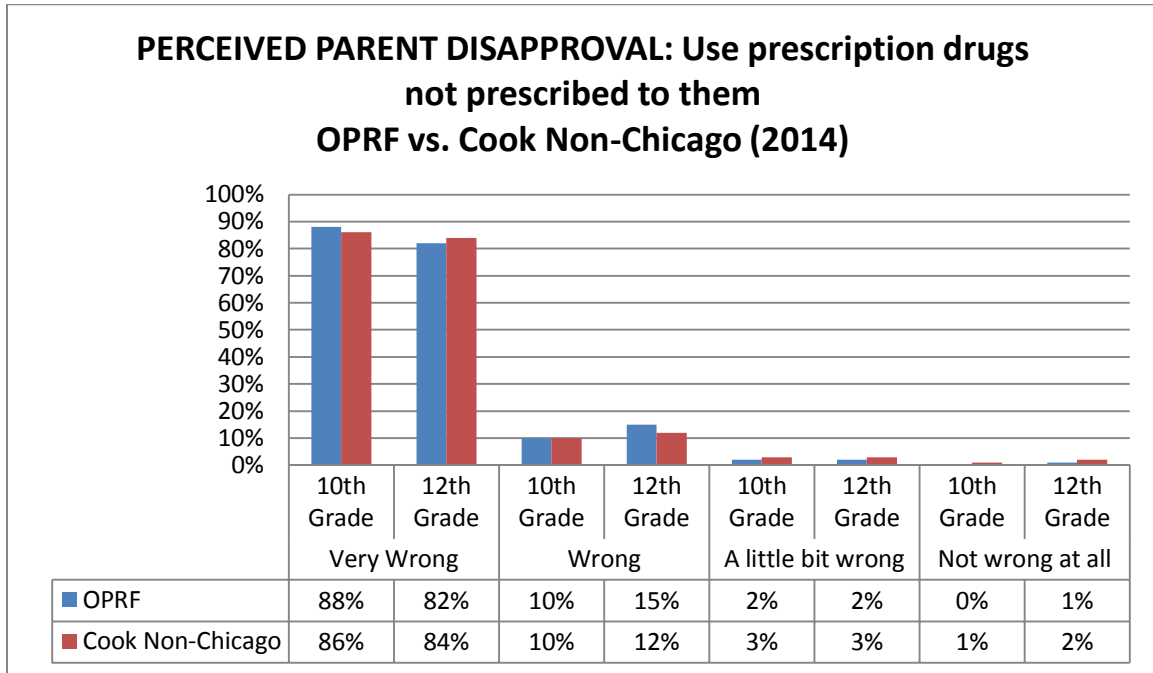
In 2014, OPRF youth, particularly seniors, were less likely to perceive adult attitudes for smoking marijuana as “very wrong” or “wrong” compared to suburban Cook peers (63% vs 73%). Sophomores were less likely to perceive that adults would view smoking marijuana as “very wrong” compared to suburban Cook sophomores (36% vs 45%). However, when the categories of “very wrong” and “wrong” were combined there are few differences between OPRF sophomores and their suburban Cook peers (78% vs 81%). The research team believes that OPRF students might be influenced by changing attitudes regarding marijuana and that is why there are fewer responses in the “very wrong” category.

**PERCEIVED ADULT DISAPPROVAL: How wrong would most adults (over 21) in your neighborhood think it is for kids your age to use marijuana
OPRF vs. Cook Non-Chicago (2014)**



Prescription Pills and Perceived Parental Disapproval

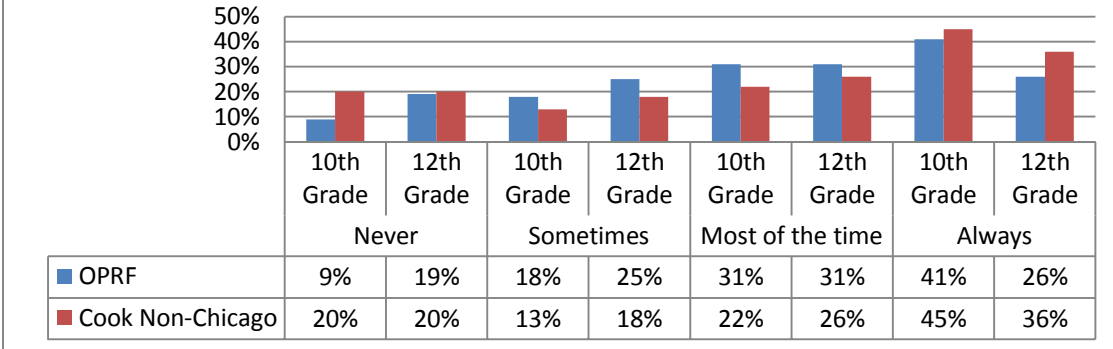
OPRF youth did not differ from their suburban Cook peers when it came to their perceptions of parental disapproval of prescription drugs not prescribed to them, in 2014. Among OPRF seniors and suburban Cook peers the responses are very similar when it comes to the perception of taking pills as “very wrong” or “wrong” (97% v 96%). Similar patterns can be viewed among 10th graders.



Parental Monitoring – General

The differences between OPRF seniors and sophomores in terms of parental monitoring are quite large. When asked: “When I am not home one of my parents/guardians know where I am and who I am with,” 41% of OPRF sophomores answered “always” compared to just 26% of seniors. Parents of seniors, in particular, need to pay attention to where their children are and who they are with. The decline in parental monitoring from sophomore to senior year is not surprising because we see similar patterns among suburban Cook youth – however, the differences between sophomores and seniors is not as pronounced as in OPRF.

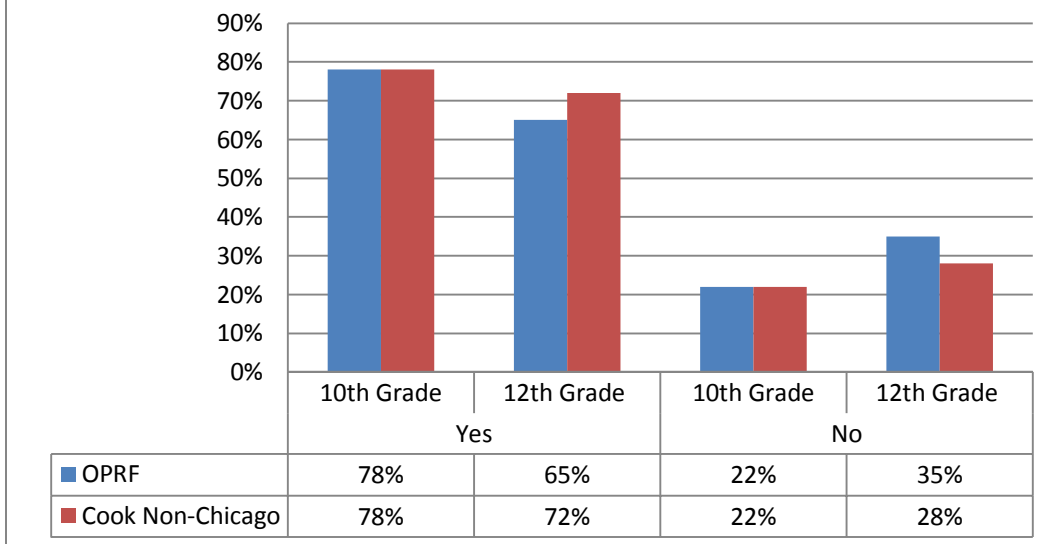
**Parent Overall Monitoring: When I am not home, one of my parents/guardians knows where I am and who I am with
OPRF vs. Cook Non-Chicago (2014)**



Parents, Rules about Alcohol and Drug Use

In 2014, the percentage of OPRF sophomores that reported “My family has clear rules about alcohol and drug use” was 78%, the same as suburban Cook sophomores. However, among seniors the pattern is different. OPRF seniors were less likely than suburban Cook peers to report having family rules about drugs and alcohol (65% vs 72%). This may be a misperception or it might be somewhat accurate. Regardless of age, it is important for parents to communicate their rules regarding drug and alcohol use. This conversation must begin early and continue past high school.

**My family has clear rules about alcohol and drug use
OPRF vs. Cook Non-Chicago (2014)**



Community Coalition – IMP.A.C.T

The parent led community coalition, IMP.A.C.T, has made many strides in changing policies throughout Oak Park and River Forest including the following policy changes:

- Creation of social hosting ordinances in both River Forest and Oak Park;
- Development of alternatives for arrest for attending parties or using alcohol or marijuana;
- Hosting parent cafés;
- Assisting with the development of semi-closed campus at OPRF (according to key informant interviews);

The research team believes that these strategies, particularly those related to reducing youth access to alcohol have been successful as reflected in IYS data.

Parent Cafes

IMP.A.C.T., along with the Community Mental Health Board of Oak Park, have been regularly hosting parent cafes. The main objective of parent cafes is to engage parents in discussing the best way to talk to their kids about youth substance use. The cafes are usually facilitated by a substance use professional, such as a social worker or therapist. The cafes are also a place for parents to network and support one another, and in theory, attract a diverse group of parents that normally would not be involved in this type of communication. A well run parent café also serves as a place where parents are informed on available community resources, and the deliverers of these services become informed about the parents' goals, strengths, and challenges .

There were mixed reactions from key informants on the overall atmosphere that is being created at the Oak Park/ River Forest parent cafés. Some of the key informants were inspired by the cafés and became motivated to join IMP.A.C.T. , and host their own parent support groups. On the other hand, some interviewees felt that cafes were overly judgmental, relied on scare tactics, and did not create a supportive environment. It is important to stress that scare tactics do not work when it comes to drug prevention and education.^{xii} While scare tactics often mobilize *some* individuals, they turn more people away, and tend to divide rather than unite a community.^{xiii} The organizers of the Oak Park/River Forest parent cafés should be lauded for taking initiative and bringing concerned parents and community members together. However, in an effort to create the best possible outcomes, judgmental approach(es) and scare tactics should be avoided, with a stronger emphasis on creating a supportive and caring environment. The parent cafés have focused on parental monitoring of alcohol and drug use and there are definitely gains to be seen in the IYS data.

Parental Monitoring: Improving in Oak Park and River Forest

As stated in the beginning of this chapter, the data demonstrates that an appropriate and healthy amount of parental monitoring occurs among OPRF adolescents. OPRF monitoring and/or supervision of sophomores does not differ significantly from that of suburban Cook peers. Among seniors, parental supervision is less apparent. Evidence has confirmed that the family plays a pivotal role in both

prevention and intervention. The quality of parenting has been found to be correlated with variables such as psychological well-being, life stress, and predicting substance use and misuse.^{xiv} Although the parental monitoring patterns observed among OPRF 12th graders could be in response to youth's imminent start of college and the parental desire to ease said transition, the following sections demonstrate how parents and parental figures can impact adolescent (mis)use of alcohol, marijuana and other drugs.

Monitoring and Supervision

Research examining parental factors and adolescence problem behaviors has demonstrated a correlation between parental monitoring and youth drug use and other problematic behaviors. Parental supervision or monitoring of youth (i.e. knowing where children are and what they are doing) has been found to have the strongest protective effect of any other parental behavior.^{xv} Greater parental monitoring has been associated with less delinquency and lower alcohol use. Such intervention on behalf of the parent or parental figure can prevent or delay youth substance use.^{xvi} Evidence has been found which links early initiation of alcohol and other drug use with later problematic substance use.^{xvii} In the absence of parental monitoring, substance use is more likely to commence and contact with peers may exacerbate the process.^{xviii} Furthermore, when exposed to peers who used a variety of substances, higher levels of parental monitoring were found to be protective with youth less likely to engage in substance misuse. Monitoring and/or supervision are equally effective when carried out by responsible adults or older peers, in structured after school programs or recreational activities.^{xix}

The Importance of Respecting Adolescent Teen Privacy

While the research shows that healthy parenting includes an appropriate level of monitoring, such as knowing where the adolescents are and who they are with, the research also shows that parents should allow their children to begin to build self-efficacy and independence. Adolescence is a turbulent period characterized by physiological, cognitive and social role development. Research has demonstrated a correlation between privacy, self-expression and self-efficacy.^{xx} When privacy is expected and experienced, youth are more likely to exhibit uninhibited self-expression and to perceive themselves as capable in managing others' impressions about the self. The functions of privacy align with the developmental milestones seen in adolescence, mainly in establishing autonomy from parents.^{xxi}

When an adolescent feels that their privacy has been violated they are more likely to become increasingly reclusive and secretive from their parents, or other adult authority figures, thus, risking the health of these relationships. While parents often assume that the information, space, and property of the youth are the property of the parent, the youth believes it to be theirs to control. These parental behaviors include being overt (e.g. snooping) or direct (e.g. asking questions) in order to access information.^{xxii}

Adolescents respond to invasions of privacy by attempting to fortify the previously established boundary. Tactics predominately include acts of confrontation, such as demanding that the parent stay out of their room or acts of evasion, such as concealing personal belongings.^{xxiii} The need to control aspects of youth's life can lead the youth to establish highly restrictive boundaries that limit parental

access. A growing body of evidence has demonstrated a correlation between secretive behavior, problematic family relationships, and youth's psychosocial difficulties.^{xxiv xxv}

STRIKING A BALANCE BETWEEN SUPPORT, MONITORING, AND PRIVACY – A REVIEW OF THE LITERATURE

Parents need to find a balance between monitoring their adolescent's behavior, while at the same time creating a supportive and loving atmosphere that allows the adolescent to build autonomy and independence. Parents' efforts to remain knowledgeable about their child can at times be counterproductive. The youth's reaction to acts of privacy invasion and the subsequent strengthening of privacy boundaries by the youth ultimately hinder parental attempts to remain informed. Privacy invasion may decrease parents' access, and in the long run, prevent parents from accessing information pertaining to their child.

Parental Support

Parent support is crucial in limiting or delaying youth substance and alcohol use. Parental support includes nurturance, attachment, acceptance, cohesion, and love. High levels of negative interaction or family conflict and inconsistent or severe discipline have been found to parallel those of substance misuse and delinquency.^{xxvi} Youth are less likely to become involved in problematic behaviors including substance misuse when their parents are responsive, nurturing, and actively cultivate a sense of self-efficacy within their offspring.^{xxvii}

Family Cohesion

Families have the potential to become buffers against environmental risk factors which may deem youth susceptible to substance use and other problem behaviors. A strong parent-child bond has been found to deter substance use and encourage relationships among non-drug using peers.^{xxviii} The presence of family cohesiveness was found to lower initial levels of alcohol, marijuana, and tobacco use.^{xxix} Family bonding was also found to be correlated with higher levels of school attendance and low levels of substance use and misuse.^{xxx}

Positive, Open Communication

Frequent, positive, and open communication has been linked to a decrease in substance use initiation.^{xxxi} Youth from families where such dialogue is present are also more likely to have abstinence-based norms than youth from families with infrequent communication.^{xxxii} Research has shown a direct correlation between low levels of parental support and adolescent substance use.^{xxxiii} Parent-adolescent relations are protective and buffer the potentially negative influence of adolescent friends and overt persuasion by peers. Parents may not perceive themselves to be a potent influence; however, youth consider parental figures to be a credible source of information about drugs, second only to a friend of comparable age.^{xxxiv} Multiple studies bring to light the importance of frequent deliberate discussions concerning the dangers of illicit substances and clear dialogue outlining the consequences of substance use.

As children grow older, it is essential for parents to adapt and foster an increasingly open communication regarding drugs, alcohol, and other risks that adolescents may face. The quality of communication between the parental figure and the youth differs from the communication seen in childhood. Changes in communication coincide with the physical, emotional, and cognitive changes innate to the developmental stages of adolescence.^{xxxv} Open dialogue between parents and adolescents allow for the exploration of privacy boundaries, and encourage adolescents to share more.

Much of the research available concerning parent-child drug prevention communication discusses the implications of either having or not having the talk and fails to address the content or intentions of the talk. Communication concerning substance use and misuse between parents and youth is multidimensional. Furthermore, there is a relationship between understanding what is being discussed and the effect it has on the youth's behavior.^{xxxvi}

Early Initiation of Drug Talk

The age at which drug talks occur determine how effectively parents socialize youth regarding drugs.^{xxxvii} Health behaviors are more likely to be internalized into lifetime behavior patterns by youth during the years of transition, when youth transition from mid to late adolescence.^{xxxviii} Findings suggest that the period of major risk for drug initiation is during mid to late adolescence, the peak time for experimentation and use coinciding with entry into college.^{xxxix} Therefore, it is highly recommended that parents not wait until late adolescence, ages 18 to 24 years, to initiate conversations concerning substance use, but to participate in drug prevention discourse early.

The Parent-Child Drug Talks: An Ongoing Discourse

Parent-child drug prevention conversations vary in nature. Discussions may resemble ongoing comments or casual dialogue about drugs or drug use. Or, the 'one talk is better than no talk' approach may be preferred. When this sort of casual dialogue is woven into everyday interactions, the topic is easier to broach, becoming 'no big deal'. Targeted drug talks occurring at a particular point or few points in time are not always associated with direct messages related to drugs. Parents who felt compelled to initiate a parent-child drug talk were more likely to allude to the issue indirectly rather than discuss risky drug related behavior straightforwardly.^{xl}

Take-Home Message

Conveying 'sensible' messages concerning substance use to youth can reduce their substance use. Strategies to promote healthy substance use norms are encouraged. Parental monitoring and supervision, parental support, and family cohesion are considered protective factors. An environment where open communication is the norm would foster acceptance and nonjudgmental attitudes. Youth are likely to ask questions and express concerns when safety is conveyed, and they feel that their privacy is respected. Initiating the parent-child drug talk early in adolescence ensures that the message concerning the dangers of substance use is heard by youth. Maintaining an on-going and open dialogue about drugs from the parents is perceived to be more memorable by youth. Proactive policies in the home are likely to influence youth's perception on substance use and lower overall use.

UNDERSTANDING AND BUILDING A MODEL CONTINUUM OF CARE

An integrated continuum of care provides individualized services depending on an individual's needs. A comprehensive array of services ranging in intensity of care is needed for any community to address any complex area of need like youth substance use. Addressing youth substance use and misuse on the community level demands the implementation of several strategies to confront the many facets surrounding the issue. Relying on one program to function as a single resource will fail to meet the needs of the community. It is recommended that available programs span the various stages within the continuum of care model. The continuum of care concept provides an effective framework for delivery of services related to youth substance prevention, intervention, and treatment.

The continuum of care for substance use can be broken down into these components:

- Prevent or delay youth substance use (including alcohol);
- Intervene with youth who have experimented with or have used substances to encourage cessation of drug and alcohol use;
- Treat youth who have been appropriately screened for substance use disorder;
- Community Coalitions or Councils to help unify and assist with youth substance prevention, intervention, treatment and screening goals.

Determining a Model Comparison Community

Prior to assessing what services exist in the Oak Park River Forest Communities, we met with a number of key informants to determine which communities would provide good comparison models for a model of care continuum. Evanston is often used for comparison for Oak Park village level services according to key informant interviews. Evanston has similar demographics to Oak Park and similar rates of youth drug use and parts of Evanston may be somewhat similar to River Forest in terms of income. Both communities are often deemed to be “progressive” and Oak Park and Evanston both border economically disadvantaged Chicago neighborhoods, and have a shared history of being formally dry communities. Evanston also has a superb continuum of care, one which could serve as a blueprint in the Oak Park and River Forest communities.

Prevention

The purpose of substance use prevention is to limit the access, use of illegal drugs, and alcohol for anyone under 21 years old. There are many different strategies that fall under the umbrella of prevention services. For example, the most common types of prevention activities are the following:

- Environmental Strategies that reduce access to alcohol and other drugs such as compliance checks and checking for ID;

- Classroom based curricula that has met the standards for evidence based programs as provided by the Substance Abuse Mental Health Services Administration (SAMHSA);
- Community and school wide messaging campaigns such as social norms marketing which reframe the message regarding use rates by showing the percentage of teens within an area which make drug and alcohol free choices (e.g. instead of focusing on how many used, focus on how many didn't use drugs).

Evanston's Primary Prevention Model

Evanston's PEER (Prevention, Education, Evaluation, Recovery) services, is a nonprofit agency which delivers several types of prevention programming to the junior high and high schools within Evanston, as well as within the community:

- *Too Good for Drugs* for 5th and 6th graders which is an evidenced based program;
- *Project Alert* for 7th and 8th grades which is an evidenced based program;
- Snowflake and Snowball which are non-evidenced based programs that promote social emotional learning and youth development in junior high schools and high schools;
- Social Norms Marketing in the high school and community which is an evidenced based program;
- Coordinates with the student assistance program which is a best practices approach;
- Serve the Community Coalition in executive roles.

Since these services are delivered in conjunction with a Division of Alcohol and Substance Abuse (DASA) licensed site and have expertise in drug and alcohol youth services, and have staff that are Certified Alcohol and Drug Counselors (CADC), PEER can deliver both evidenced based services in partnership with schools and the community.

In addition Evanston has an integrated student assistance program team at the high school made up of CADC licensed staff to coordinate prevention and treatment efforts within the school. There is one Student Assistance Program (SAP) coordinator and 4 grade level social workers that serve the student body, not inclusive of children in the special educational program (additionally there are three special education social workers). All social workers in the high school are employed by the high school. In addition, the Evanston Township High School (ETHS) has 7 social work interns to assist with caseload and to add value to the program

Oak Park/River Forest Primary Prevention Model

There is no comparable agency to PEER Services in Oak Park and River Forest communities that is specifically devoted to youth drug and alcohol prevention, intervention and treatment. However, there are some primary prevention capabilities in the junior highs and high schools which include:

- Red ribbon week in both the middle and high schools, which are not evidenced based programs;

- The I-SEARCH program in River Forest (State Efforts at Recovering Children program) which emphasizes safety along with some drug prevention techniques for older children (developed by the police department), which is not an evidenced based program;
- Drug Abuse Resistance Education (D.A.R.E.) in the River Forest schools, not an evidenced based program; and
- Snowball.

The problem with these prevention efforts is that none of them are evidenced based and they are mostly delivered by individuals without key qualifications in drug and alcohol youth services. The lack of evidenced based prevention services represents a significant gap in the continuum of care.

Intervention

The primary focus of early intervention with substance use is to deter use prior to development of a substance use disorder. Proper assessment plays an integral role in determining the type of intervention. Assessment is critical to determine the dose of intervention or if more comprehensive services might be needed. Research shows that interventions are most effective when they are professionally guided by trained personnel. Interventions need not be long to be effective. In fact, motivational interviewing in two hour long sessions reduces substance use among youth and is an evidenced based practice^{xli}. Longer interventions might be less effective than shorter, more targeted and individualized intervention.

Evanston

Evanston provides intervention through a number of different programs including the following:

- Student assistance program (SAP) at the high school along with social work interns to assess and provide early intervention services or referral to early intervention services;
- Families Actively Challenging Teen Substance Use (FACTS) a 6 hour program for youth without a substance use disorder but who have used a substance in the past. Youth are assessed prior to the program. Participants are referred by school, youth agency or courts. The program is run by PEER services.

Oak Park/River Forest

Oak Park and River Forest provides similar services – the main difference is in their delivery, duration and assessment. For example, in the Evanston FACTS program, teens sit in for one 3 hour session without their parents, followed by another 3 hour session with their parents. The program is delivered by PEER Service trained professionals with training and credentials in prevention and substance use. Additionally, teens in Evanston are assessed prior to program placement and youth that meet criteria for substance use disorder are not placed in the Evanston program.

The program Families Acting Collaboratively to Educate and Involve Teens (FACE – IT), while similar to the Evanston program, is given for 12, 8 or 5 week increments depending on the offense. Each week’s

session last two hours and parents must attend all sessions. This adds up to a minimum intervention dose of 10 hours to a maximum of 24 hours. According to key informants, no assessment is done prior to program placement or referral. The lack of assessment prior to entering the FACE-IT program is problematic. Early interventions are only appropriate for teens that do not have substance use disorder. Youth with more serious substance use issues need treatment and are likely to not be helped by early intervention/educational programs. Lack of assessment creates unique challenges for both teens with substance use disorder and teens without substance use disorder. According to the National Institute on Drug Abuse, it is important to treat adolescent substance use disorder appropriately and “under treatment” of substance use disorder creates a risk of relapse^{xlii}.

The FACE-IT program is housed at Youth Services of Oak Park and River Forest Township. The program is run by a teacher at the high school and is paid for through a contract with Youth Services. The actual classes are taught by volunteers. These volunteers *must be commended for their commitment to help youth* but interventions are more successful if they are run by professionals with credentials in the area of youth substance use. The research team encourages individuals with professional experience and training in youth substance use to run the program to align it with best practices. In addition, the National Institute on Drug Abuse has issued this warning in regard to group programs (this refers to treatment, however since FACE-IT does not assess for substance use disorder this note should be considered as well):

Group treatment for adolescents carries a risk of unintended adverse effects: Group members may steer conversation toward talk that glorifies or extols drug use, thereby undermining recovery goals. Trained counselors need to be aware of that possibility and direct group activities and discussions in a positive direction^{xliii}.

Currently, the FACE-IT program mixes a large range of different age groups into a single early intervention; this is not aligned with best practices. Sixth graders should not be included in the same intervention program at the same time as 12th graders. There are significant developmental differences between these age groups and it is important to treat them separately and differently.

Another issue is the length of the intervention. The reality is that shorter interventions can be highly effective. If intervention length was shortened to 2 three hour blocks – one without parents and one with parents – and offered on a Saturday, it would be easier to create a schedule of intervention activities that could service all youth without the possible harm of mixing age groups. For example, one Saturday a month might be devoted to junior high students and the rest of the month devoted to high school age youth. It would be ideal – although not necessarily possible – to create two different classes for high school students, one to serve 9th and 10th graders and one for 11th and 12th graders.

The final issue with the FACE-IT program is that, in addition to not being an evidenced based intervention, it is unclear whether the program is meant to be a form of punishment or an educational program. Key informants who have been through the program describe it as more punitive than educational. Research demonstrates that interventions that are perceived as punitive are not very

successful in actually reducing alcohol and marijuana use among teens. Brief counseling is considered to be a more effective intervention for the reduction of drinking and marijuana use among youth^{xliixlv}.

Treatment

Understanding Substance Use Disorder

Substance use disorder is a problematic pattern of using alcohol or another drug that interferes with the functioning of everyday life. There is recognition of a continuum of substance use disorder that ranges from mild to moderate to severe. Mild substance use disorder is determined by the presence of 2-3 of the following issues, while moderate substance use disorder is demonstrated by 4-5 of these issues with severe substance use disorder being assessed if 6 or more of the following is present during a 12 month period^{xlvi}:

- Using a drug or drinking in an amount that is greater than the person sets out to consume;
- Unsuccessful efforts to control use or worrying about cutting down or stopping;
- Spending a large amount of time using a substance, recovering from it, or doing whatever is needed to obtain it;
- Use of a substance that results commonly in failure to attend to responsibilities at school, work or home and/or giving up other forms of recreation that were once enjoyable;
- A strong desire to use alcohol or another substance or craving a substance;
- Use of a substance despite problems caused by or worsened by the substance, including mental health (e.g. anxiety, depression) or physical health (e.g. blackouts, poisoning, overdoses); or in relationships (e.g. fighting within the family);
- Using alcohol or drugs while in dangerous situations such as driving;
- Developing “tolerance,” that is needing a larger dose than previously to obtain the same effect;
- Experiencing withdrawal symptoms (e.g., anxiety, irritability, fatigue, nausea/vomiting, hand tremor or seizure in the case of alcohol) after stopping use.^{xlvii}

It is important to note that substance use disorders are not a static condition and severity of substance use disorders may increase or decrease over time. Successful evidenced based treatment can often result in an individual no longer meeting the criteria for substance use disorder. In this case, the substance use disorder would be considered in remission^{xlviii}.

Treatment types and duration need to be individualized to be successful^{xlix}. There are many evidenced based strategies that can be used in adolescent treatment. According to the National Institute on Drug Abuse the following are recommended strategies for adolescents:

- Cognitive Behavioral Therapy (CBT): teaching an individual how to anticipate problems, develop effective coping strategies and encourage adolescents to explore both the positive and negative consequences of substance use. CBT teaches individuals to monitor their feelings and thinking

patterns for distortions that might trigger substance use. CBT also teaches individuals to identify and prepare for high risk situations, to apply self-control skills such as anger management and emotional regulation as well as substance refusal.

- Motivational Enhancement Therapy or Motivational Interviewing (MET or MI): a counseling approach that allow adolescents to explore and resolve their ambivalence about engaging in treatment and quitting use. Generally, an assessment related to the desire to quit use is given followed by 2 to 3 counseling sessions. This is generally an empathic process with the therapist guiding the client through non-confrontational methods to help the patient engage in treatment. Recent research indicates that MI or MET short intervention of two to three sessions reduces drug use in adolescentsⁱ.
- Contingency Management (CM): uses immediate reinforcement to modify behaviors such as cash or other vouchers in exchange for positive choices like not using substances. Parents can be trained to use these approaches at home and this type of behavioral treatment can be used in a variety of settingsⁱⁱ.

There are also a number of family based treatment approaches:

- Brief Strategic Family Therapy (BSFT): over the course of 12-16 sessions the counselor establishes a relationship with each family member, assisting the family in changing negative patterns within the family unit which can result in substance use disorder. This type of treatment can be delivered in a variety of settings including drug treatment facilities, family mental health centers, social service agencies and within family homes. It may also be used after inpatient treatmentⁱⁱⁱ.
- Family Behavior Therapy (FBT): allows both parents and teens to choose specific interventions from a menu of evidenced based options. Generally, FBT is combined with CM approachesⁱⁱⁱⁱ
- Functional Family Therapy (FFT): the underlying FFT theory is that problems within the family unit underlie problematic behaviors, thus the therapy relies on improving family communication skills, problem solving, conflict resolution and parenting skills. FFT encourages behavioral change from all members of the family unit, rather than just the adolescent. FFT is often combined with CM approaches^{liv}.

One of the key elements of effective treatment for individuals, including adolescents, is that no single universal treatment that works for every individual. In order for substance use disorder treatment to work there must be proper assessment and matching to the individual's needs and severity of the substance use disorder. Therefore, what works for one person may not work for another^{iv}.

Evanston

Evanston offers a variety of treatment options delivered through the following programs:

- Student Assistance Program delivered by the schools;
- Treatment provided by Division of Alcohol and Substance Abuse (DASA) licensed PEER Services.

The Evanston Township High School (ETHS) Student Assistance Program (SAP) spans the entirety of the continuum of care model. In addition to providing individualized treatment plans to students in need, SAP offers age-appropriate delivery of prevention, intervention, and support strategies. Students are approached on an individual basis with the formulation of a plan intended to maximize student success. Prevention includes educating youth regarding alcohol and other drug use and increasing awareness about risk of use, building upon interpersonal and behavioral skills and engaging youth in positive activities. Intervention involves referrals from peers, parents and school personnel. ETHS has a full time SAP coordinator, a social worker for each grade level, as well as seven paid school social worker interns. All are employed by ETHS and these social workers are in addition to those used by the division of specialized services for children with Individualized Educations Plans (IEPs).

PEER services also provide a variety of treatment services for adolescents including early intervention, outpatient treatment, intensive outpatient and medication assisted treatment. Clinicians are Certified Alcohol and Drug Counselors (CADC) and therefore adhere to guidelines for substance use treatment.

Oak Park Treatment

There are certainly similarities in the type of treatment available in Oak Park and River Forest (OPRF) but the main difference is in which agency delivers the service. In the OPRF high school, the social workers are contracted workers who are employed by Thrive, the mental health services agency in Oak Park. This is an unusual situation where the school district does not employ the social workers. Rather, they are employed by Thrive yet work at the school. According to key informant interviews, the turnover in these positions is high, thus interrupting the continuum of care. The SAP coordinator at OPRF quit this year in order to take a position within the private sector. In order for an SAP team to be effective there needs to be continuity within the schools. It is important that OPRF school district employ the SAP and attendant social workers in order to create an equitable environment and to discourage turnover.

Besides a plethora of private drug treatment facilities available in Oak Park and River Forest, Thrive serves as the primary affordable mental health treatment center in the community. Thrive provides dual diagnosis treatment for people with mental health and substance use disorders. Rosecrance has office space at Thrive and offers free substance abuse assessment and referrals. At this time, however, assessments are not being utilized and there is a lack of affordable substance use treatment providers in the area. Both the lack of assessment utilization and the lack of a dedicated substance use treatment provider for adolescents represent missing pieces in a fully developed continuum of care for youth substance use issues.

Community Coalitions

The purpose of community coalitions is to unify the community around youth substance use prevention activities. Generally, coalitions consist of key stakeholders and require inclusion from the following areas to be considered a unified front: businesses, volunteer groups, elementary and secondary education, government, healthcare professionals, law enforcement, media, parents, religious and fraternal organizations, youth and youth services organizations. Diversity of the coalition members and the inclusion of these different areas allows them to create strategic alliances and move forward policies

and practices. It also allows the coalition to map out potential roadblocks and hurdles to success. Community coalitions also help to keep community messaging consistent. They often share data, trends, and suggestions and participate in goal setting and developing strategic priorities to reduce youth substance use. Additionally community coalitions are often required for state or federal prevention block grants.

Professionalization of the community coalition can take years. Coalitions can form because of perceived need by parents or perceived need by professionals or both. It is important to include individuals within the community coalition that understand best practices for substance use prevention and treatment. Therefore, having trained and licensed professionals involved in the coalitions can help the coalition align its activities with needs and goals.

Evanston

The Evanston Substance Abuse Prevention Coalition (ESAP) was formed in 1984 and has had a significant head start compared to the Oak Park and River Forest coalition, IMP.A.C.T. (Parents And Community Together to Reduce Youth Alcohol and Drug Use). ESAP is made up of many prominent stakeholders in the community, including but not limited to, personnel from the treatment community, the public school system, public health, and Northwestern University. The ESAP consists of five different committees (alcohol, tobacco, prescription drug, community outreach, and student). Each committee (excluding that of the student committee) is chaired by an individual with professional credentials relevant to their role as committee chair. The ESAP is led by professionals who are well informed regarding issues of prevention, a feature which serves to strengthen the organization's prevention efforts, ensures that any action taken is knowledge and research driven and not based solely on personal feelings or impressions.

Oak Park River Forest

The IMP.A.C.T group in Oak Park and River Forest has had considerable success in limiting youth access to drugs, especially alcohol. This positive development can be seen in the most recent IYS survey. IMP.A.C.T is a relatively new organization that has just recently formed a board. For IMP.A.C.T to build upon its recent success it is necessary that the group include and collaborate with other systems that are concerned with drug prevention and to include key stakeholders. Currently, the involvement of prominent community stakeholders with the coalition is lacking. The organization would greatly benefit from additional trained and certified professionals in youth substance use prevention, intervention and treatment. Clearly, there is passion and commitment behind IMP.A.C.T's desire to make substantive changes to the OPRF community. A little more expertise and the inclusion of key stakeholders would strengthen the power of this coalition to achieve more policy advances. Additionally, students and youth should be included in the group, particularly youth who have been the recipient of services.

Due to the fact that ESAP and IMP.A.C.T are both organizations concerned with youth substance use, a joint collaboration or meeting would benefit both Oak Park/River Forest and Evanston. There may be successful strategies and policies that could be replicated in OPRF. Observing or reaching out to other

coalitions would allow for the communication and joint discussion pertaining to different prevention strategies would be helpful.

Successful Strategies in Place in the Schools and Community

There are a number of successful strategies in place that enhance protective factors by providing pro-social and academic enrichment in both the schools and the community. These strategies include:

- Mentoring and pro-social adult support in the schools through intervention programs provided by Youth Services in junior high schools and in OPRF;
- The reframing of “Deans of Discipline” into “Student Intervention Directors” who work with students and take less punitive approaches;
- A texting system in the high school that allows for youth to anonymously report concerns regarding other students and is received by the security staff. In addition, students work directly with security through the student safety committee to help create and implement policies;
- A culture of caring within the high school which leads to a warm and supportive environment;
- Pro-social activities, such as youth basketball, supported by Youth Services.

While these activities are beneficial and are to be applauded, it is important to note that they do not take the place of a fully developed youth substance use continuum of care. These programs are useful and encouraging, however, they are *not a replacement for evidenced based prevention, intervention or treatment strategies*. These activities, when added to EBPP, will enhance the level of youth substance use care in the schools and the communities as a whole.

OPRF and the Middle Schools – Building a Better Model

Within both the middle schools and high school it is important to incorporate evidenced based prevention programs for all age groups. In order to build a comprehensive continuum of care, schools need to be properly staffed with qualified individuals trained in social work and youth substance use and prevention. Key informants indicate a need for an additional social worker in District 90. The research team recommends adding a social worker with drug and alcohol prevention and CADC certifications in the middle schools both in Oak Park and River Forest in order to better address student substance use issues and to assist with the coordination of evidenced based prevention activities.

The practice of contracting out social workers from Thrive to OPRF is not productive and results in significant turnover in staff. The SAP could deliver much of the treatment services within the high school but in order for this to be an effective model, the SAP and social work staff need to be employed by OPRFHS because of the high turnover and wage disparity between other professionals employed by the high school. Ensuring that there are two social workers at the high school who have credentials in youth prevention, intervention and treatment practice would allow a more comprehensive delivery of services to those who need them. With a more equitably funded team in place it may be possible to

partner with a graduate social work program and utilize the help of graduate interns to help lighten social workers' load and would help advance prevention activities. The addition of student interns would provide cost savings and would add tremendous value to the program at the high school.

We also encourage the high school to adopt, in conjunction with IM P.A.C.T., a social norms marketing strategy. As the IYS data has indicated, the majority of OPRF students overestimate the rates of drug and alcohol use. The social norms marketing strategy attempts to replace perceived norms with actual norms but should be developed in conjunction with someone with expertise in this area. The actuality of peer norms is communicated according to credible data extracted from the targeted population. The message to the target group is a positive one, intended to convey that the norm is one of safety, responsibility, and moderation or abstinence (depending on the substance and age of youth involved). The intention is to reflect the actuality of how the majority of students think and behave and normalize non-risk taking behavior. Providing accurate normative feedback, or the process of communicating actual peer norms, becomes the intervention itself. When peers within the target group internalize actual norms, which are significantly less problematic than what is perceived, substance use rates are decrease and the process of misperception leading to substance misuse is reversed.^{lvi}

Social norms marketing campaigns have been shown to have positive effects on target populations.^{lvii} The positive outcomes social norms marketing campaigns have within the school setting are capable of being reproduced on the community level. Social norms marketing campaigns have the ability to reveal and enhance already existing healthy norms that have been underestimated on the community level.

Change Some Disciplinary Procedures Regarding Drug and Alcohol Possession Offenses

The Consortium recommends that OPRF High School change policies related to drug or alcohol use or possession from out-of-school suspension to in-school suspension. Youth in question may be sent to counseling instead. Recent research indicates that harsh penalties such as out of school suspension do not impact youth drinking rates.^{lviii} Harm minimizations or risk reduction messages combined with counseling for alcohol infractions reduces harmful drinking behavior such as binge drinking and reduced alcohol related harms.^{lix}

Similar findings are true for marijuana use. Marijuana use was higher in schools where out of school suspensions were implemented and students perceived a low level of enforcement of the policy.^{lx} Enforcing policies and use of counseling for student violations is more effective than the implementation of suspensions.^{lxi}

Students who are serving an out-of-school suspension are not being appropriately monitored by the school and will most likely end up socializing and engaging with other students who are under similar circumstances, leading to a possible increase in inappropriate behavior.^{lxii} Additionally, out-of-school suspensions can be costly for the school district and are not an effective deterrent. Out of school suspensions do not focus on the cause of the student's behavior, but rather emphasize the punishment.^{lxiii} Out-of-school suspensions disproportionately affect African Americans, regardless of the

infraction.^{lxiv} Drug use is often met with severe punishment, such as out-of-school suspensions or expulsions. These disciplinary actions mirror the known disparities in drug arrests and citations.

In-school suspensions, especially when combined with restorative justice approaches and counseling are now considered best practices. It is important for youth to reflect on their behavior and see how it impacts the larger community. There is a large push across schools districts to use restorative justice practices, and the research team believes that this approach might work well in OPRF.

“Meeting Them Where They Are”: Implementing risk reduction techniques into the school setting

Substance use in youth often include harmful, risky. For adolescents, prevention is important but zero-tolerance approaches to substance and alcohol use has been found to be ineffective. Youth may rebel in circumstances where they are required to behave in a certain manner. A risk reduction approach offers an alternative view of addressing substance use among youth and recognizes that youth will likely experiment with substances. Major motivations among adolescents that influence substance use include: 1) conforming to norms, either from peers or parent and 2) escaping stress, either from school or personal life.

Risk reduction practices attempt to address the substance use by targeting risky behavior and the relation between the substance use and the outcomes. In the school environment, introducing education with risk reduction interventions can assist in meeting the youth where are in their substance use which would include how to care for an intoxicated person who is at risk of a fatal overdose^{lxv}. Most risk reduction techniques for binge drinking were developed for college aged youth, but could be adapted to for younger youth. Community efforts to limit the access and availability of alcohol to youth hold promise. Though, moving away from the notion of a “one size fits all” intervention and towards an education based intervention can encourage and affect the youth’s perception of alcohol use. Targeting social influences such as opinions of peers, family members, and the media in combination with an educational resource is more effective than available prevention approaches^{lxvi}. Additionally, while ensuring that the youth does not feel judged, introducing motivational interviewing when addressing alcohol and substance use with a youth would allow them to acknowledge their personal goals and emphasize how they would want to take self-responsibility towards changing their behavior^{lxvii}.

CHALLENGES

When it comes to an Oak Park/ River Forest continuum of care, some disruptions exist among the prevention, intervention and treatment levels resulting in a somewhat fragmented system. These disruptions are not unexpected. It requires clear consensus, direction, understanding of substance use prevention and not a small amount of political will to create a model continuum of care. The following issues have been identified as interrupting the continuum of care:

- Lack of evidenced based practices in prevention programs in the junior highs and high schools;

- Lack of qualified professionals trained in *youth substance use prevention, substance use intervention and substance use treatment* within schools and other agencies;
- Assessment *prior to* placement in interventions is missing;
- Overreliance on volunteers to deliver intervention services, when professionals with training in substance use intervention are needed;
- A one size fits all approach to intervention;
- High turnover at the high school due to the hiring of contracted social workers interrupts the continuity of care;
- A need to align disciplinary procedures related to drug and alcohol use at the high school to best practices models;
- A mental health treatment center that lacks DASA certification;
- The community coalition requires diversification and the inclusion of qualified professional trained in *best practices* and *evidenced based practices* in youth prevention, intervention and treatment, as well as youth inclusion.

Oak Park and River Forest are to be commended for the advances - in a relatively brief amount of time - that the communities have accomplished. Developing goals and aligning them with evidenced based best practices will take time and consideration and mobilization of the communities. Evanston was picked as a model system, but the Evanston system was built over decades. OPRF is off to an excellent start and if these issues stated above are addressed, it should not take very long for the OPRF communities to develop into model communities with fully developed Continuum of Care systems for youth substance use.

FINDINGS AT A GLANCE

In terms of OPRF youth substance use issues, we would rank them in the following order of concern:

1. Alcohol, particularly binge drinking;
2. Marijuana;
3. Stimulant pills, especially in combination with alcohol;
4. Hallucinogens, including MDMA.

These findings are based on multiple indicators of archived data and key informant interviews. Alcohol related hospital discharges rates among OPRF youth were 34% higher than among state youth and 19% higher than their peers in suburban Cook County. Marijuana related hospital discharges among OPRF youth were 27% higher than the state youth rate, and 22% higher than the suburban Cook youth rate. Stimulant related hospital discharges were also high, compared to the state, OPRF rates were 23% higher, and compared to suburban Cook the rates were 37% higher. OPRF youth were two times more likely to be discharged from the hospital for hallucinogens than youth in the state as a whole (106% higher) and suburban Cook County (96% higher).

Drugs of less concern at this time include:

1. Cocaine;
2. Heroin;
3. Opioid Pills;
4. Sedative/Hypnotics (e.g. Xanax, Klonopin, Valium, etc.);
5. Methamphetamine.

In terms of other drug misuse, including opioids, sedative/hypnotics, stimulants, hallucinogens, cocaine, methamphetamine, opiate pills and heroin, there is much good news to report. Opioid use is higher than the state average but lower than that of suburban Cook County according to hospital discharge data. Cocaine use as measured also by hospital discharges among OPRF is well below the state and the suburbs. Heroin and methamphetamine use appear to not be a concern.

POLICY RECOMMENDATIONS

1. Ensure that evidenced based practices are used in all areas of the youth substance use continuum.

Evidence based practices (EBP) are proven effective by scientific research, and thus are more successful in reducing youth drug and alcohol use. Therefore, levels of the continuum of prevention, intervention and treatment activities should be guided by evidenced based best practices to ensure lower youth alcohol and drug use.

2. Strengthen the Continuum of Care

When it comes to an Oak Park and River Forest continuum of care, some disruptions exist among the prevention, intervention and treatment levels resulting in a somewhat fragmented system. These disruptions are not unexpected. It requires clear consensus, direction, understanding of substance use prevention and not a small amount of political will to create a model continuum of care.

The middle schools should consider implementing the following, to ensure effective programming:

- Implement evidenced based prevention programs for grades 5-6, such as *Too Good for Drugs*;
- Implement evidenced based prevention programs for grades 7-8, such as *Project Alert*;
- Ensure that EBP are delivered by qualified professionals;
- *Assess children prior to placing them in intervention programs*, if they are caught using substances in the school environment;
- Hire an additional social worker in district 90, with CADC and prevention certification;
- When a social worker leaves district 97, hire a social worker with CADC and prevention certification;
- Consider an anonymous texting system (modeled on OPRF's system) for children to report concerns about friends with substance use issues, mental health, or other issues.

The middle schools should consider whether to eliminate or to reduce time spent on programs that have not demonstrated efficacy, such as:

- Drug Abuse Resistance Education (D.A.R.E.);
- Red Ribbon events;

These may be continued if they represent a value to the community, however, these programs should not be viewed as scientific prevention models. Instead we recommend replacing Red Ribbon events with Drug Fact Week.

OPRF also lacks evidenced based programming for youth prevention, intervention and treatment for youth substance use

- Implement Social Norms Marketing, an evidenced based program, for prevention efforts in coordination with IMP.A.C.T and an expert to correct misinformation about youth drug and

alcohol rates. Youth in the high school routinely overestimate the percentage of their peers that are using alcohol and other drugs;

- The school district should employ social workers and SAP professionals directly and pay them equitably to reduce turnover;
- Halt the practice of contracting social workers;
- Ensure that at least two social workers have CADCs and prevention certification;
- Consider using social work graduate students to intern and assist with prevention activities and to lighten case load;
- Align disciplinary procedures related to drug and alcohol use at the high school to best practices models, such as in school suspension for drug or alcohol use;
- Consider using restorative justice techniques for student drug or alcohol issues;
- For students found to be under the influence or possessing drugs or alcohol, *assess them prior to referral to any intervention*;
- Consider utilizing counseling rather than a specific intervention outside of the school; counseling reduces drug and alcohol use and is an evidenced based practice with robust results;
- Consider using harm minimization or risk reduction techniques with students engaged in binge drinking or other risky behaviors;
- Specified and detailed education campaigns targeting binge drinking would be very helpful in addressing the associated dangers with the risky behavior which includes death.

Reconsider interventions that are not evidenced based:

- Currently, there is an overreliance on volunteers to deliver intervention services, when professionals with specified training in substance use intervention are needed;
- The duration of FACE-IT appears to be long as compared to other interventions, while research shows that shorter interventions work better;
- *Assess youth prior to placement in the program*;
- It is against best practices to group children of different developmental periods together in one intervention. Middle school aged youth, such as 6th and 7th graders, who are 11 to 12 years of age, should not be grouped with high school aged youth;
- Consider the purpose of the chosen intervention. Is it to reduce substance use? Is it punitive? Is it educational? Is it effective?

Ensure agencies that are providing treatment to youth have the proper training and certification:

- Although Rosecrance will provide free assessments, very few youth are referred to Rosecrance and there is currently no dedicated agency to provide substance use treatment for youth in the Oak Park and River Forest Communities.

Continue to build upon the Coordinating Council IMP.A.C.T and encourage the inclusion of experts in youth substance use prevention, treatment, and intervention and the following key stakeholders to strengthen the coalition such as:

- Local businesses; Elementary and secondary education; Government; Healthcare professionals; Law Enforcement; Media; Religious groups; and Youth.

It is very important to form a youth committee which should include youth who have received services within the community. Best practice models also generally consist of current or former consumers of alcohol or drugs. It is helpful to have youth who have used drugs involved in the coalition – particularly when it comes to development of youth messaging.

3. Monitoring by Adults and the Community

Monitoring can be viewed as an environmental strategy to lessen the access to alcohol and other drugs by youth. Monitoring comes in various forms. In the community, this might consist of compliance checks for alcohol and tobacco to ensure that retailers are checking for identification and not selling to under aged individuals.

Monitoring can also refer to activities within the home, such as keeping track of prescription pills and alcohol. For this section, we mean both macro monitoring (community) and micro (household level).

Monitoring Techniques for the Community

- Consider establishing a coalition with other communities to encourage identification for alcohol purchases in contiguous areas;
- Continue to conduct compliance checks in both Oak Park and River Forest for alcohol and tobacco;
- Consider asking for more information about where youth purchase alcohol, through listening sessions;
- Create more prescription pills take-back programs and efforts as well as partner with local pharmacies;

Monitoring Alcohol at Home

Families need to strike a balance between appropriate monitoring of alcohol and what is feasible for them to do. It is important to find that balance. Also, it is important to communicate to your child that you are monitoring the alcohol in the home. This need not be done in a confrontational manner, but simply in a calm rational tone. Here are some ways in which parents have discussed monitoring alcohol within the home:

- Some parents prefer to purchase the alcohol that they will use that day or evening;
- Check your alcohol supply to ensure that youth are not taking alcohol from your home (e.g. Marking bottles might help – but be wary of youth adulterating alcohol by adding water);
- If able, consider keeping alcohol in a secured place with a lock on it;

- Experiment with putting spirits in the freezer. Putting spirits or hard alcohol in the freezer allows a parent to know if water is added to the bottle to dilute it;
- Keep track of youth's money - monitoring youth also means monitoring money;
- Some parents take the step of deciding to not keep alcohol in their home.

None of these solutions are going to work for every family. It is important to know that there is no right or wrong way to monitor alcohol. In any case, it is essential to stress to your teen that it is YOUR alcohol and to take it is tantamount to stealing from their parents. That should never be an acceptable practice and this should be clearly communicating to your teen in a clear, calm manner.

Monitoring Prescription Pills at Home

There are many medications that can be used for intoxication, and these include several drug categories, including *opioids*¹¹, *benzodiazepines or sedative/hypnotics*¹², *stimulant*¹³ medications, such as those used to treat ADHD. Thus, it is important to keep track of them to limit prescription drug use and misuse.

- Safely discard of unneeded medications. Most families have unused medications around their homes that they do not need or are no longer using. It is essential that pills are safely discarded when they are no longer needed;
- Caregivers of individuals with chronic conditions for which they may be prescribed prescription pain pills should also ensure that these are stored carefully and that medication is disposed of when no longer needed;
- All residents –whether or not they have youth in the home – should be encouraged to keep medicines safe and locked up and disposed of when they are no longer needed.

This list is not all inclusive but, it is better to keep scheduled drugs in a locked box in your home than in the medicine cabinet. If that is not a possibility, monitor your pills. Take note if you need refills earlier than expected; count your tablets. All of these steps will allow us to reduce the number of prescription drugs that are available to youth.

The first line against stimulant misuse begins by monitoring stimulant medications in the home. Parents should monitor stimulant drugs (ADHD drugs) to guard against misuse especially in combination with alcohol. In addition, parents can do the following:

- Dispense medications directly to children, if possible;
- If providing daily medication directly to youth is not a possibility, we recommend providing as little medication as needed to the teen, perhaps in a weekly or daily container, thus leading to less diversion to other teens;

¹¹ Codeine, codeine cough syrup, hydromorphone/Fentanyl, hydrocodone/Vicodin, oxycodone/OxyContin, Ultram etc.

¹² Valium, Klonopin, Xanax

¹³ Adderall, Ritalin, Concerta, etc.

- Understand that ADHD medications are often used in combination with alcohol so that the user can drink without falling asleep. This can create potentially lethal conditions such as increased risk for alcohol poisoning and death;
- Consider not refilling ADHD medication if children do not like them or do not take them. If a teen indicates that they do not like their medication, it is important to listen to them so that they do not have more than they need or will use. ADHD medications have a street value of about \$5 a pill depending on the type of medication and the community;
- Know that ADHD prescriptions can be misused by crushing and snorting these meds. Even so called “abuse proof” medications can be crushed up and snorted;
- Understand that stimulant drugs are also used as “study buddies” by many high achieving youth to improve performance on tests. This is a dangerous practice. Encourage healthy sleep patterns and try not to focus too much on achievement based measures or pressures for college as this may inadvertently lead youth to using these drugs to perform better in school. Research also indicates that pressure to achieve can have negative consequences in the long term.

Remember, monitoring youth appropriately does not mean invading privacy – privacy is important for youth development.

4. Provide Accurate Information for teachers, parents, adults and youth regarding substances.

There is a lack of accurate information regarding best practices for people of all ages regarding substances, prevention, and substance use disorder. The following recommendations would help provide better sources of information and would benefit the community:

- Create a virtual resource room for adults, parents, and teachers that provides a number of different informational areas including:
 - Materials about talking to youth about drugs;
 - Effects of drugs based on science, not on scare tactics, which are not effective;
 - How to recognize and treat a substance use disorder in adolescents;
 - Resources on drug effects for parents, teachers, adults, and other community members;
 - Recognizing intoxication or signs of misuse;
 - Information on the substance use continuum of care;
 - Monitoring of alcohol and other drugs;
 - Determining how a family will communicate its message about substance use while utilizing a particular frame, such as a moral perspective, a health perspective etc.;
 - Treatment locators from the Substance Abuse Mental Health Services Administration (SAMHSA), so that individuals can find appropriate treatment for their families¹⁴;
 - Why assessment is important for appropriate intervention;

¹⁴ SAMHSA treatment locator can be found at: <https://findtreatment.samhsa.gov/>

- Explanations of different kinds of treatments, including risk reduction and harm minimization techniques;
 - Information on developing the family's rules about alcohol and drug use, including consequences for use;
 - Information on creating a plan should substance use occur among youth in the family;
 - What to do when substance use is suspected.
- The research team believes that it might be helpful to have a virtual resource room for youth that is separate from parents and other adults and created specifically for them:
 - Information about drugs effects, without using scare tactics as scared tactics are limited in their effectiveness;
 - Binge drinking risks, especially those associate with poisoning and mortality, and inclusion of harm minimization activities;
 - Combining drugs, especially prescription pills and alcohol or other depressants;
 - Recognizing problematic substance use and substance use disorder among peers;
 - How to report concerns anonymously through the high school texting system;
 - Treatment locators;
 - Explanations of different kinds of treatment and how they work;
 - What to expect from assessment and counseling;
 - Other youth developed ideas that youth team members feel should be included in the site.
 - Provide trainings for teachers and staff of the middle schools and high school regarding drug effects and signs of intoxication so that they can intervene more effectively especially with students who are misusing prescription pills or more novel substances as well as signs and symptoms of substance use disorder;
 - "Parent cafes" should include CACDs and those certified in substance use prevention in order to disseminate accurate information.

5. Improve data collection practices.

The community coalition should make it a priority to include key stakeholders in the coalition and to share information. The research team has come across a number of issues regarding data collection and sharing. In order for data to be useful it must be systematically collected. In order for data to be useful in measuring goals, it must be shared. All goals should follow the SMART guidelines (e.g. Specific, Measurable, Ambitious, Realistic, and Time sensitive), thus, it is essential to have data in order to create measurable outcomes. We recommend implementing the following changes to the Illinois Youth Survey protocol:

To prevent threats to the validity of the Illinois Youth Survey (IYS) results, the middle schools and Oak Park and River Forest High School should closely follow the instructions provided by the Center of

Prevention Research and Development (CRPD) which address the testing environment, choosing survey dates, and when to not survey the student body. Regardless of location of where the survey will be administered, the environment must be a quiet, comfortable location where youth can have 40-50 minutes to complete the survey. A school gymnasium is not a suitable location due to noise levels and potential compromises in confidentiality¹⁵. Additionally, to maintain confidentiality, the seating should be arranged so that the student is unable to see answers of fellow classmates.

For both 2012 and 2014, it was discovered that the Illinois Youth survey dates for both the sophomore and senior body were given within 30 days of spring break. Administrators of the high school should administer the survey on a date where both the sophomore and seniors are eligible to take the survey and not during periods of high stress, such as midterms and standardized testing days i.e. the ACT and SAT¹⁶. The survey should not be administered to the middle school students and the sophomore and senior student body within 30 days of events when the youth would likely be exposed to alcohol or other substances such as holidays, spring break, or prom. Ideally, the survey should be given to the student body in February to get more valid 30 day use rates.

Furthermore, so that Illinois Youth Survey is more specific to the middle and high schools, administrators have opportunity to submit up to 30 questions of their choosing to the survey. Being able to submit specialized questions drafted to the needs of the school would allow the ability to investigate specific issues and concerns or gather data to compare with state and national norms.¹⁷ Questions should be drafted and selected in conjunction with a qualified individual who is familiar and experienced with research methodology. Once additional questions have been selected, they must be submitted using the template and instructions provided by the Center of Prevention Research and Development. Additionally, all questions must be sent to the CRPD so that the results can be included in the final report.

In addition to the research team recommends strengthening the data collection and sharing infrastructure:

- Create focus groups or listening sessions led by youth so that their voice and suggestions are heard regarding policies that directly affect them;
- Create a data sharing committee for the Community Coalition;
- Provide templates for social services agencies to collect data;
- Provide data without FOIAs to other governmental agencies using Memos of Understanding (MOUs) throughout all areas of government.

6. Consider changing some policies regarding marijuana and tobacco.

¹⁵ 2013 Center for Prevention Research and Development, IYS Project – Site Coordinator Guidelines (Paper Version)

¹⁶ Ibid

¹⁷ <http://iys.cprd.illinois.edu/home/conducting/additions>

Marijuana offenses carry lifelong collateral consequences and can interfere with obtaining employment, housing and education. Individuals convicted of marijuana possession offenses may not be eligible for financial aid if convicted while receiving aid. Marijuana ordinance or tickets should be the standard for all individuals regardless of age, as the collateral consequence of marijuana conviction are significant. Consider changing this policy to a ticket. More than 100 municipalities already have these ordinances on the books for all ages; Oak Park and River Forest would be smart to enact similar ordinance changes.

Furthermore, the research team thinks that it would be useful to investigate increasing the minimum age for which individuals can purchase tobacco and tobacco products in both Oak Park and River Forest. However, prior to enacting such policy change we encourage consultation with Evanston to determine whether there have been unintended consequences associated with this policy. Four states have increased the minimum age for tobacco purchasing to age 19. Evanston's minimum age for tobacco purchase is 21. This might be useful to consider raising the minimum age to limit access to tobacco and other tobacco products in order to better deter both tobacco and marijuana (e.g. rolling papers, blunt wrappers, etc.) use.

APPENDICES

APPENDIX A

ICD-9 Codes for Illinois Department of Public Health

Alcohol (all codes combined into one class called “alcohol”)

2910 Alcohol withdrawal delirium
2913 Alcohol-induced psychotic disorder with hallucinations
2915 Alcohol-induced psychotic disorder with delusions
29181 Alcohol withdrawal
30300 Acute alcoholic intoxication in alcoholism, unspecified
30301 Acute alcoholic intoxication in alcoholism, continuous
30302 Acute alcoholic intoxication in alcoholism, episodic
30303 Acute alcoholic intoxication in alcoholism, in remission
30390 Other and unspecified alcohol dependence, unspecified
30391 Other and unspecified alcohol dependence, continuous
30392 Other and unspecified alcohol dependence, episodic
30393 Other and unspecified alcohol dependence, in remission
30500 Alcohol abuse, unspecified
30501 Alcohol abuse, continuous
30502 Alcohol abuse, episodic
30503 Alcohol abuse, in remission
9800 Toxic effect of ethyl alcohol
E860.0 Accidental poisoning by alcoholic beverages
E860.1 Accidental poisoning by other and unspecified ethyl alcohol and its products
E860.8 Accidental poisoning by other specified alcohols
E860.9 Accidental poisoning by unspecified alcohol

Cannabis (all codes combined into one class called “cannabis”)

30430 Cannabis dependence, unspecified
30431 Cannabis dependence, continuous
30432 Cannabis dependence, episodic
30433 Cannabis dependence, in remission
30520 Cannabis abuse, unspecified
30521 Cannabis abuse, continuous
30522 Cannabis abuse, episodic
30523 Cannabis abuse, in remission

Opioids (all codes combined into one class called “opioids”)

30400 Opioid type dependence, unspecified
30401 Opioid type dependence, continuous
30402 Opioid type dependence, episodic
30403 Opioid type dependence, in remission
30470 Combinations of opioid type drug with any other drug dependence, unspecified
30471 Combinations of opioid type drug with any other drug dependence, continuous

30472 Combinations of opioid type drug with any other drug dependence, episodic
30473 Combinations of opioid type drug with any other drug dependence, in remission
30550 Opioid abuse, unspecified
30551 Opioid abuse, continuous
30552 Opioid abuse, episodic
30553 Opioid abuse, in remission
96500 Poisoning by opium, unspecified
96501 Poisoning by heroin
96502 Poisoning by methadone
96509 Poisoning by other opiates and related narcotics
E850.0 Accidental poisoning by heroin
E850.1 Accidental poisoning by methadone
E850.2 Accidental poisoning by other opiates and related narcotics
E850.7 Accidental poisoning by other non-narcotic analgesics

Sedative Hypnotics (All codes combined into one category "Sedative Hypnotics")

30410 Sedative, hypnotic or anxiolytic dependence, unspecified
30411 Sedative, hypnotic or anxiolytic dependence, continuous
30412 Sedative, hypnotic or anxiolytic dependence, episodic
30413 Sedative, hypnotic or anxiolytic dependence, in remission
30540 Sedative, hypnotic or anxiolytic abuse, unspecified
30541 Sedative, hypnotic or anxiolytic abuse, continuous
30542 Sedative, hypnotic or anxiolytic abuse, episodic
30543 Sedative, hypnotic or anxiolytic abuse, in remission
9670 Poisoning by barbiturates
9680 Poisoning by central nervous system muscle tone depressants
E851 Accidental poisoning by barbiturates
E852.0 Accidental poisoning by chloral hydrate group
E852.3 Accidental poisoning by methaqualone compounds
E852.4 Accidental poisoning by glutethimide group
E852.5 Accidental poisoning by mixed sedatives, not elsewhere classified
E852.8 Accidental poisoning by other specified sedatives and hypnotics
E852.9 Accidental poisoning by unspecified sedative or hypnotics
E853.0 Accidental poisoning by phenothiazine-based tranquilizers
E853.1 Accidental poisoning by butyrophenone-based tranquilizers
E853.2 Accidental poisoning by benzodiazepine-based tranquilizers
E853.8 Accidental poisoning by other specified tranquilizers
E853.9 Accidental poisoning by unspecified tranquilizer
E855.0 Accidental poisoning by anticonvulsant and anti-Parkinsonism drugs
E855.1 Accidental poisoning by other central nervous system depressants
E855.3 Accidental poisoning by parasympathomimetics (cholinergics)
E855.6 Accidental poisoning by sympatholytics

Cocaine (all codes combined into one category "cocaine")

30420 Cocaine dependence, unspecified

30421 Cocaine dependence, continuous
30422 Cocaine dependence, episodic
30423 Cocaine dependence, in remission
30560 Cocaine abuse, unspecified
30561 Cocaine abuse, continuous
30562 Cocaine abuse, episodic
30563 Cocaine abuse, in remission
97081 Poisoning by cocaine
E855.2 Accidental poisoning by local anesthetics

Stimulants (all of these codes combined into “stimulants”)

30440 Amphetamine and other psychostimulant dependence, unspecified
30441 Amphetamine and other psychostimulant dependence, continuous
30442 Amphetamine and other psychostimulant dependence, episodic
30443 Amphetamine and other psychostimulant dependence, in remission
30570 Amphetamine or related acting sympathomimetic abuse, unspecified
30571 Amphetamine or related acting sympathomimetic abuse, continuous
30572 Amphetamine or related acting sympathomimetic abuse, episodic
30573 Amphetamine or related acting sympathomimetic abuse, in remission
96970 Poisoning by psychostimulant, unspecified
96972 Poisoning by amphetamines
96973 Poisoning by methylphenidate
96979 Poisoning by other psychostimulants
9698 Poisoning by other specified psychotropic agents
9699 Poisoning by unspecified psychotropic agent
97089 Poisoning by other central nervous system stimulants
9709 Poisoning by unspecified central nervous system stimulant
E854.3 Accidental poisoning by central nervous system stimulants
E854.2 Accidental poisoning by psychostimulants

Hallucinogens (all codes combined into “hallucinogens”)

30450 Hallucinogen dependence, unspecified
30451 Hallucinogen dependence, continuous
30452 Hallucinogen dependence, episodic
30453 Hallucinogen dependence, in remission
30530 Hallucinogen abuse, unspecified
30531 Hallucinogen abuse, continuous
30532 Hallucinogen abuse, episodic
30533 Hallucinogen abuse, in remission
E969.6 Poisoning by psychodysleptics (hallucinogens)
E854.1 Accidental poisoning by psychodysleptics (hallucinogens)

APPENDIX B

Oak Park, Illinois: Village Code¹⁸

Chapter 17, Article 2

OFFENSES RELATING TO UNDERAGE DRINKING AND ILLICIT DRUGS

17-2-1: DEFINITIONS:

17-2-2: POSSESSION OF ALCOHOLIC BEVERAGES BY UNDERAGE PERSONS:

17-2-3: PROVIDING ALCOHOLIC BEVERAGES TO UNDERAGE PERSONS:

17-2-4: SOCIAL HOSTING PROHIBITED:

17-2-5: ATTENDANCE AT AN EVENT WHERE ALCOHOLIC BEVERAGES OR ILLICIT DRUGS ARE CONSUMED:

17-2-6: EXCEPTIONS:

17-2-7: POSSESSION OR SALE OF CANNABIS AND CANNABIS PARAPHERNALIA BY MINORS:

17-2-8: PENALTY:

17-2-1: DEFINITIONS:

17-2-1: DEFINITIONS:

For purposes of this article, the following words shall have the following meanings:

ALCOHOL: Ethyl alcohol, hydrated oxide of ethyl, or spirits of wine, whiskey, rum, brandy, gin, or any other distilled spirits including dilutions and mixtures thereof from whatever source or by whatever process produced.

ALCOHOLIC BEVERAGE: Alcohol, spirits, liquor, wine, beer, and every liquid or solid containing alcohol, spirits, wine, or beer, and which contains one-half of one percent or more of alcohol by volume and which is fit for beverage purposes either alone or when diluted, mixed, or combined with other substances.

CANNABIS: The definition of cannabis shall be that set forth in the cannabis control act, 720 Illinois Compiled Statutes 550/3(a).

CANNABIS PARAPHERNALIA: Articles or equipment commonly used in the consumption or ingestion of cannabis or synthetic cannabis including, but not limited to, pipes, water pipes, roach clips, cannabis grinders, or rolling papers.

EVENT OR GATHERING: A group of three (3) or more underage persons who have assembled or gathered together for a social occasion or other activity.

HOST (Noun): A person who hosts.

HOST (Verb): A. To knowingly authorize or permit underage persons to consume alcoholic beverages or illicit drugs at the host's residence or premises by failing to control access to the residence or premises or access to the alcoholic beverages or illicit drugs in the residence or premises; or

¹⁸ Oak Park, IL, Municipal Code §17-2

B. To conduct, supervise, control, suffer or permit underage persons to consume alcoholic beverages or illicit drugs at an event or gathering at the host's residence or premises regardless of whether or not the host is present.

ILLICIT DRUGS: Any drug, substance, or compound prohibited by law, including drugs prescribed by a physician that are in the possession of or used by someone other than the person to whom the drug was prescribed.

MINOR: A minor is any person under the age of eighteen (18).

REASONABLE STEPS: Steps taken to prevent underage persons from possessing or consuming alcoholic beverages or illicit drugs, including, but not limited to:

- A. Controlling access to alcoholic beverages and illicit drugs at the event or gathering in such a manner that no underage person has access to them at the event or gathering;
- B. Verifying the age of persons attending the event or gathering by inspecting driver's licenses or other government issued identification cards to ensure that minors do not consume alcoholic beverages or illicit drugs while at the event or gathering;
- C. Supervising the activities of underage persons at the event or gathering either in person or through a responsible adult;
- D. Calling for police assistance in the event underage persons are in possession of alcoholic beverages or illicit drugs at the event or gathering;
- E. Terminating the event or gathering because the host has been unable to prevent underage persons from consuming alcoholic beverages or illicit drugs;
- F. Advising law enforcement in advance of departing one's residence or premises for any length of time that no underage person is authorized to be present and consume alcoholic beverages or illicit drugs at the residence or premises.

RESIDENCE OR PREMISES: Any location, including a home, yard, land, apartment, condominium, hotel room, or other dwelling unit, or a hall or meeting room, park, or any other place of assembly, public or private, whether occupied: a) on a temporary or permanent basis, b) as a dwelling or specifically for an event, gathering or other social function; and whether owned, leased, rented, or used with or without permission or compensation.

UNDERAGE PERSON: A person under the age of twenty one (21). (Ord. 2012-0-28, 6-4-2012)

17-2-2: POSSESSION OF ALCOHOLIC BEVERAGES BY UNDERAGE PERSONS:

It is unlawful for an underage person to be in possession of any alcoholic beverage, except in connection with the underage person's employment and except as provided in section 17-2-6 of this article. (Ord. 2012-0-28, 6-4-2012)

17-2-3: PROVIDING ALCOHOLIC BEVERAGES TO UNDERAGE PERSONS:

It is unlawful for any person, after purchasing or otherwise obtaining any alcoholic beverage, to sell, give or deliver such alcoholic beverage to an underage person. (Ord. 2012-0-28, 6-4-2012)

17-2-4: SOCIAL HOSTING PROHIBITED:

A. It is unlawful for any person to host an event or gathering when the host knows or should reasonably know that an underage person:

1. Is consuming or will consume any alcoholic beverage or illicit drugs; or
2. Possesses any alcoholic beverage or illicit drug with the intent to consume it; and
3. The host fails or has failed to take reasonable steps to prevent possession or consumption by the underage person.

B. It is also unlawful for any person to fail to take reasonable steps to prevent possession or consumption of alcoholic beverages or illicit drugs by an underage person at an event or gathering held at his or her residence or premises. (Ord. 2012-0-28, 6-4-2012)

17-2-5: ATTENDANCE AT AN EVENT WHERE ALCOHOLIC BEVERAGES OR ILLICIT DRUGS ARE CONSUMED:

It is unlawful for an underage person to attend any event or gathering where the person knows or reasonably should know that alcoholic beverages or illicit drugs are being consumed.

For purposes of this section, an underage person is presumed to know that alcoholic beverages or illicit drugs are being consumed at an event or gathering if illicit drugs or open containers of alcoholic beverages are so conspicuous that a reasonable person of the same age would have knowledge of their presence.

It shall be a defense to a charge of violating this section that the underage person was not present at the residence for a sufficient length of time to have an opportunity to observe the presence of illicit drugs or open containers of alcoholic beverages.

It shall be a defense if the underage person lives at the residence and is not the host of the event or gathering. (Ord. 2012-0-28, 6-4-2012)

17-2-6: EXCEPTIONS:

A. The prohibitions set forth in sections 17-2-2, 17-2-3, 17-2-4 and 17-2-5 of this article shall not apply in the following situations:

1. When the underage person is in the presence of his or her parent or legal guardian, with the supervision and approval of the parent or legal guardian; or
2. In connection with the performance of a religious ceremony or service in observation of a religious holiday. (Ord. 2012-0-28, 6-4-2012)

17-2-7: POSSESSION OR SALE OF CANNABIS AND CANNABIS PARAPHERNALIA BY MINORS:

A. Possession Of Cannabis: It is unlawful for a minor to be in possession of cannabis in any amount which does not exceed thirty grams (30 g). Nothing in this section shall be construed to prohibit the Village from enforcing cannabis offenses under the Illinois criminal code.

B. Possession Of Cannabis Paraphernalia: It shall be unlawful for a minor to be in possession of any cannabis paraphernalia.

C. Sale To Minors: It is unlawful for any person to sell or offer to sell cannabis in an amount less than thirty grams (30 g), or cannabis paraphernalia, to a minor. (Ord. 2012-0-28, 6-4-2012)

17-2-8: PENALTY:

The maximum fine for a violation of this article shall not exceed seven hundred fifty dollars (\$750.00). In addition to, or, in lieu of a fine, any person found to be in violation of any provision of this article may be ordered to perform some reasonable public service work, or be ordered to complete a community based education, counseling or treatment program. (Ord. 2012-0-28, 6-4-2012)

APPENDIX C

River Forest: Village Code¹⁹²⁰

Chapter 8, Section 6 PUBLIC OFFENSES

8-6-3: ALCOHOLIC LIQUOR, PROHIBITIONS:

A. It shall be unlawful for any person to transport, carry, possess or have any alcoholic liquor in, upon or about any motor vehicle except in the original package and with the seal unbroken.

B. It is unlawful for any pedestrian who is under the influence of intoxicating liquors, as to provoke a breach of peace, to be upon any street or roadway of the village.

C. No person under twenty one years of age shall purchase or accept a gift of alcoholic liquor or have alcoholic liquor in his possession.

No person under age twenty one shall accept delivery of or consume alcoholic liquor.

The consumption of alcoholic liquor by a person under age twenty one under the direct supervision and approval of the parents, or parent, of such minor in the privacy of a home is not prohibited by this section.

D. Whenever a police officer of the village observes a violation of this section, he may issue a violation notice to the person committing the violation. The violation notice shall be signed by the police officer and shall include the following:

1. The name of the person violating this section and his or her address, if known.
2. The nature of the offense. (1981 Code)
3. Every person found guilty of violating this section shall be guilty of a petty offense and be punished by a fine of not more than seven hundred fifty dollars. In lieu of, or in addition to, a finding of guilt and/or a fine, a judicial officer may order a person to complete up to forty hours of community service, under an order of supervision if appropriate. (Ord. 3412, 3-12-2012)

8-6-4: CONTROLLED SUBSTANCES OR CANNABIS, PROHIBITIONS:

A. Definitions:

CONTROLLED SUBSTANCE OR CANNABIS: Any drug or controlled substance or cannabis as defined in 720 Illinois Compiled Statutes 570/102.

¹⁹ Only specific sections of the River Forest municipal code pertaining to youth alcohol, cannabis, and tobacco use were chosen.

²⁰ River Forest, IL, Municipal Code §8-6-3, 4, 22

DRUG PARAPHERNALIA: Articles or equipment commonly used in the consumption or ingestion of controlled substances or cannabis shall include, but are not limited to, the following enumerated articles: cocaine spoons, pot pipes, water pipes, hypodermic needles, syringes, roach clips and literature devoted wholly or substantially to describing or illustrating explicitly the consumption or ingestion of a controlled substance or cannabis which tends to promote the use of a controlled substance or cannabis.

B. Possession Of Cannabis: It shall be unlawful for any person knowingly to possess any quantity of cannabis and it shall be a violation of this section to possess an amount not exceeding thirty grams.

C. Displays And Exhibits: It is unlawful for any person publicly to exhibit or display for sale any drug paraphernalia, articles or equipment commonly used in the consumption or ingestion of controlled substances or cannabis, except where such articles are prescribed for strictly medical purposes and are used as such.

D. Sale To Minors: It is unlawful for any person to sell or offer to sell any paraphernalia, articles or equipment commonly used in the consumption or ingestion of controlled substances or cannabis to any person under the age of eighteen years, except where such articles or equipment are prescribed for strictly medical purposes and are used as such.

E. Violation: Whenever a police officer of the village observes a violation of this section, he may issue a violation notice to the person committing the violation. The violation notice shall be signed by the police officer and shall include the following:

1. The name of the person violating this section and his or her address, if known.
2. The nature of the offense. (1981 Code)
3. Every person found guilty of violating this section shall be guilty of a petty offense and be punished by a fine of not more than seven hundred fifty dollars. In lieu of, or in addition to, a finding of guilt and/or a fine, a judicial officer may order a person to complete up to forty hours of community service, under an order of supervision if appropriate. (Ord. 3412, 3-12-2012)

8-6-22: UNDERAGE POSSESSION OF TOBACCO OR TOBACCO PRODUCTS:

A. Prohibited: No person under the age of eighteen years shall knowingly possess or use tobacco, in any of its forms, in any public place or business.

B. Violation: Whenever a police officer or police employee of the village observes a violation of this section, he may confiscate the tobacco product for disposal and issue a violation notice to the person committing the violation. The violation notice shall be signed by the police officer or police employee and shall include the following:

1. The name of the person violating this section and his or her address, if known.
2. The nature of the offense. (Ord. 2817, 3-22-1999)

3. Every person found guilty of violating this section shall be guilty of a petty offense and be punished by a fine of not more than seven hundred fifty dollars. In lieu of, or in addition to, a finding of guilt and/or a fine, a judicial officer may order a person to complete up to forty hours of community service, under an order of supervision if appropriate. (Ord. 3412, 3-12-2012)

TITLE 8, CHAPTER 11²¹
SOCIAL HOSTING

8-11-1: PURPOSE:

8-11-2: DEFINITIONS:

8-11-3: CERTAIN EVENTS AND GATHERINGS PROHIBITED:

8-11-4: OTHER RESPONSIBLE PERSONS:

8-11-5: EXCEPTIONS:

8-11-6: FINES; PENALTIES:

8-11-1: PURPOSE:

The purpose of this chapter is:

A. To protect public health, safety and general welfare;

B. To enforce laws prohibiting the serving to and consumption of alcoholic beverages by underage persons; and

C. To reduce the costs of providing police, fire and other emergency response services to loud or unruly gatherings, by imposing a civil fee against social hosts and landowners (including landlords) for the recovery of costs associated with providing law enforcement, fire and other emergency response services to loud or unruly gatherings, including those where alcoholic beverages are served to or consumed by underage persons. (Ord. 3368, 4-26-2011)

8-11-2: DEFINITIONS:

ALCOHOL: Ethyl alcohol, hydrated oxide of ethyl, or spirits of wine, whiskey, rum, brandy, gin, or any other distilled spirits including dilutions and mixtures thereof from whatever source or by whatever process produced.

ALCOHOLIC BEVERAGE: Alcohol, spirits, liquor, wine, beer, and every liquid or solid containing alcohol, spirits, wine, beer, and which contains one-half of one percent or more of alcohol by volume and which is fit for beverage purposes either alone or when diluted, mixed, or combined with other substances.

CONVEYANCE: Any vehicle, trailer, watercraft or container operated for the transportation of persons or property.

EVENT OR GATHERING: Any group of three or more persons who have assembled or gathered together

²¹ River Forest, IL, Municipal Code §8-11

for a social occasion or other activity.

HOST: To aid, conduct, allow, entertain, organize, supervise, control, or permit an event or gathering.

ILLICIT DRUGS: Any drug, substance, or compound prohibited by law, including drugs prescribed by a physician that are in the possession of or used by someone other than the person to whom the drug was prescribed.

PARENT: Any person having legal custody of a juvenile:

A. As a natural, adoptive parent, or stepparent;

B. As a legal guardian; or

C. As a person to whom legal custody has been given by order of the court.

PERSON: Any individual, firm, association, partnership, corporation, trust or any other legal entity.

PUBLIC PLACE: Any place to which the public or a substantial group of the public has access and includes, but is not limited to, streets, highways, and the common areas of schools, hospitals, apartment houses, office buildings, transport facilities, parks, businesses or parking lots.

REASONABLE STEPS: Controlling access to alcoholic beverages at the event or gathering; controlling the quantity of alcoholic beverages present at the event or gathering; verifying the age of persons attending the event or gathering by inspecting driver's licenses or other government issued identification cards to ensure that minors do not consume alcoholic beverages or illicit drugs while at the event or gathering; and supervising the activities of minors at the event or gathering, calling for police assistance in the event people under twenty one are in possession of alcohol or illicit drugs at the event or gathering or advising law enforcement in advance of departing one's residence that the owner will be away and no underage person is authorized to be present and consume alcohol or illicit drugs at the owner's residence.

RELIGIOUS CEREMONY: The possession, consumption and dispensation of alcohol or an alcoholic beverage for the purpose of conducting any bona fide rite or religious ceremony.

RESIDENCE OR PREMISES: Any home, yard, farm, field, land, apartment, condominium, hotel or motel room, or other dwelling unit, or a hall or meeting room, park, or any other place of assembly, public or private, whether occupied on a temporary or permanent basis, whether occupied as a dwelling or specifically for a party or other social function, and whether owned, leased, rented, or used with or without permission or compensation.

UNDERAGE PERSON: Any person less than twenty one years of age. (Ord. 3368, 4-26-2011)

8-11-3: CERTAIN EVENTS AND GATHERINGS PROHIBITED:

A. It is unlawful for any person to host, permit, allow, or fail to take reasonable steps to prevent an event or gathering at any residence or premises, or on any other property whether private or public, or in any conveyance, over which that person has control or a reasonable opportunity for control where illicit drugs or alcoholic beverages are present when that person knows or reasonably should know that an underage person will or does consume or possess any illicit drugs or alcoholic beverage.

B. It also is unlawful for any person to fail to take reasonable steps to prevent possession or consumption of illicit drugs or alcoholic beverages by an underage person at any such event or gathering. A person who hosts an event or gathering does not have to be present at the event or gathering to be in violation of this subsection. (Ord. 3368, 4-26-2011)

8-11-4: OTHER RESPONSIBLE PERSONS:

A. A person is responsible for violating section 8-11-3 of this chapter if that person intentionally aids, advises, hires, counsels, conspires with, or solicits another person to commit a violation of this chapter.

B. A person is responsible for violating section 8-11-3 of this chapter if that person knows or should have known about the committing of a prohibited act and failed to take reasonable steps to prevent the prohibited act. (Ord. 3368, 4-26-2011)

8-11-5: EXCEPTIONS:

A person who hosts an event or gathering shall not be in violation of this chapter if he or she undertakes one of the following steps before any other person makes a complaint about the event or gathering:

A. Seeks assistance from the River Forest police department or other law enforcement agency to remove any person who refuses to abide by the host's performance of the duties imposed by this chapter, or

B. Terminates the event or gathering because the host has been unable to prevent underage persons from consuming illicit drugs or alcoholic beverages despite having taken all reasonable steps to do so.

C. This section does not apply to conduct involving the use of alcoholic beverages that occurs at a religious ceremony or that is exclusively between an underage person and his or her parent, as permitted by law. (Ord. 3368, 4-26-2011)

8-11-6: FINES; PENALTIES:

Any person who violates or assists in the violations of any provision of this chapter shall be deemed to have committed a petty offense and shall be fined not more than seven hundred fifty dollars for each such violation. Each day on which, or during which, a violation occurs shall constitute a separate offense.

A. The first violation of this section shall be punishable by a fine of no less than two hundred fifty dollars nor more than seven hundred fifty dollars. Up to forty hours of community service may be substituted

for all or part of this fine. A sentence of community service will be accompanied by a minimum fine of fifty dollars.

B. A second violation of this section by the same person within a twelve month period shall be punishable by a fine of no less than five hundred dollars nor more than seven hundred fifty dollars.

C. A third or subsequent violation of this section by the same person within a twelve month period shall be punishable by a fine of no less than seven hundred fifty dollars. (Ord. 3368, 4-26-2011)

APPENDIX D

Freedom of Information Act Requests

I. Since inception, per year, **FACE-IT (“Families Acting Collaboratively to Educate and Involve Teens”)**
Program:

1. Number of individuals referred, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)
2. Number of individuals who have completed the program out of total number referred, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)
3. Of the individuals referred, what was the offense or infraction, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)
4. Number of individuals who chose a fine over the program out of total number with infractions, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Fine amount in dollars (if available)
 - b. Age (if available)
 - c. Gender (if available)
 - d. Race (if available)
5. Number of individuals who have completed the five (5) week program out of total number referred, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)
6. Number of individuals who have completed the eight (8) week program out of total number referred, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)
7. Number of individuals who have completed the twelve (12) week program out of total number referred, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)
8. Number of individuals who have completed the program in **longer** than twelve (12) weeks out of the total number referred, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)

9. Number of individuals who completed the program more than once, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)
10. Number of individuals who did not complete the program out of total number referred, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)

II. Since the implementation of FACE-IT, the following data for the **T.I.M.E. (Teen Initiative for Meeting Expectations) Program** per year:

1. Number of individuals referred, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)
2. Of the individuals referred, what was what was the offense or infraction, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)
3. Number of individuals referred by the local Police Departments out of total number referred, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)
4. Number of individuals referred by the Office of Adjudication at the Village of Oak Park out of total number referred, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)
5. Number of community service hours completed out of total number referred, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)
6. Number of individuals who completed the program more than once, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)
7. Number of individuals who did not complete the program out of total number referred, by referral type (e.g. adjudication, schools, etc.) by:
 - a. Age (if available)
 - b. Gender (if available)
 - c. Race (if available)

III. Oak Park Adjudication and Police **Offenses relating to underage drinking and illicit drugs:** Chapter 17, Article 2, Section 2-5 and Section 7

1. 17-2-2: Possession of alcoholic beverages by underage persons.
The **total** number of recorded violations, **per year**, for 2012 and 2013; and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race
2. 17-2-3: Providing alcoholic beverages to underage persons.
The **total** number of recorded violations, **per year**, for 2012 and 2013; and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race
3. 17-2-4: Social hosting prohibited.
The **total** number of recorded violations, **per year**, for 2012 and 2013; and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race
4. 17-2-5: Attendance at an event where alcoholic beverages or illicit drugs are consumed.
The **total** number of recorded violations, **per year**, for 2012 and 2013; and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race
 - d. Per year by illicit drug
5. 17-2-7: Possession or sale of cannabis and cannabis paraphernalia by minors.
The **total** number of recorded violations, **per year**, for 2012 and 2013; and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race
 - d. Per year by Possession
 - e. Per year by Sales
6. 17-2-8: Penalty.
The **total** number of recorded violations, **per year**, for 2012 and 2013; and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race
7. 17-2: Offenses Relating to Underage Drinking and Illicit Drugs.
The **total** number of recorded violations per year, for 2012 and 2013, by referral to T.I.M.E (Teen Initiative for Meeting Expectations), by referral to FACE-IT, and by referral to the Thrive Counseling Center;

8. The **total** number of station adjustments for juvenile offenders, **per year**, for 2012 and 2013; and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race

Illinois Cannabis Control Act

1. 720 ILCS 550/4 (from Ch. 56 1/2, par. 704): It is unlawful for any person knowingly to possess cannabis.
The **total** number of adults, 18 to 25 years of age, arrested, **per year**, from 2002 to 2013; and
 - a. Per year by Race
 - b. Per year by Gender
2. 720 ILCS 550/4 (from Ch. 56 1/2, par. 704): It is unlawful for any person knowingly to possess cannabis.
The **total** number of minors arrested, **per year**, from 2002 to 2011; and
 - a. Per year by Race
 - b. Per year by Gender
3. 720 ILCS 550/5 (from Ch. 56 1/2, par. 705): It is unlawful for any person knowingly to manufacture, deliver, or possess with intent to deliver, or manufacture, cannabis.

The **total** number of adults, 18 to 25 years of age, arrested, **per year**, from 2002 to 2013; and
 - a. Per year by Race
 - b. Per year by Gender
4. 720 ILCS 550/5 (from Ch. 56 1/2, par. 705): It is unlawful for any person knowingly to manufacture, deliver, or possess with intent to deliver, or manufacture, cannabis.

The **total** number of minors arrested, **per year**, from 2002 to 2013; and
 - a. Per year by Race
 - b. Per year by Gender

Illinois Controlled Substances Act

1. 720 ILCS 570/401 (from Ch. 56 1/2, par. 1401): Sales of a controlled substance.
The **total** number of adults, 18-25 years of age, arrested, **per year**, from 2002 to 2013; and
 - a. Per year by Race
 - b. Per year by Gender
 - c. Per year by Controlled Substance
2. 720 ILCS 570/401 (from Ch. 56 1/2, par. 1401): Sales of a controlled substance.
The **total** number of minors arrested, **per year**, from 2002 to 2013; and
 - a. Per year by Race
 - b. Per year by Gender
 - c. Per year by Controlled Substance
3. 720 ILCS 570/402 (from Ch. 56 1/2, par. 1402): Possession of a controlled substance.
The **total** number of adults, 18-25 years of age, arrested, **per year**, from 2002 to 2013; and
 - a. Per year by Race
 - b. Per year by Gender

- c. Per year by Controlled Substance
- 4. 720 ILCS 570/402 (from Ch. 56 1/2, par. 1402): Possession of a controlled substance.
The **total** number of minors arrested, **per year**, from 2002 to 2013; and
 - a. Per year by Race
 - b. Per year by Gender
 - c. Per year by Controlled Substance

IV. River Forest Police and Adjudication Request

Offenses relating to Unlawful Possession and Consumption by Underage Persons Chapter 5, Article 34-36

- 1. 8-5-34A: Underage consumption.
The **total** number of recorded violations, **per year**, for 2012 and 2013, and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race
- 2. 8-5-34B: Underage Delivery
The **total** number of recorded violations, **per year**, for 2012 and 2013, and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race
- 3. 8-5-34C: Solicitation.
The **total** number of recorded violations, **per year** for 2012 and 2013, and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race
- 4. 8-5-35: Parental Responsibility.
The **total** number of recorded violations, **per year** for 2012 and 2013, and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race
- 5. 8-5-36: Responsibility of the owner or occupant of premises.
The **total** number of recorded violations, **per year** for 2012 and 2013, and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race

Offenses related to Public Offenses Chapter 6, Article 3-4 and 22

- 1. 8-6-3: Alcoholic liquor, Prohibitions.
The **total** number of recorded violations, **per year** for 2012 and 2013, and
 - a. Per year by Gender
 - b. Per year by Age

- c. Per year by Race
- 2. 8-6-4: Controlled substances or cannabis, Prohibitions.
The **total** number of recorded violations, **per year** for 2012 and 2013, and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race
 - d. Per year by Controlled Substance
 - e. Per year by Possession
 - f. Per year by Sales
- 3. 8-6-22: Underage possession of tobacco or tobacco products.
The **total** number of recorded violations, **per year** for 2012 and 2013, and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race

Offenses related to Social Hosting Chapter 11, Articles 3-6

- 1. 8-11-3: Certain events and gatherings prohibited.
The **total** number of recorded violations, **per year**, for 2012 and 2013; and
 - d. Per year by Gender
 - e. Per year by Age
 - f. Per year by Race
- 9. 8-11-6: Fines; Penalties.
The **total** number of recorded violations, **per year**, for 2012 and 2013; and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race

Offenses related to Park Regulations: Chapter 13, Articles 12-13

- 1. 8-13-12: Personal Conduct
The **total** number of recorded violations, **per year** for 2012 and 2013, and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race
 - d. Per year by Controlled Substance
- 2. 8-13-17: Fines
The **total** number of recorded violations, **per year**, for 2012 and 2013; and
 - a. Per year by Gender
 - b. Per year by Age
 - c. Per year by Race

Illinois Cannabis Control Act

5. 720 ILCS 550/4 (from Ch. 56 1/2, par. 704): It is unlawful for any person knowingly to possess cannabis.
The **total** number of adults, 18 to 25 years of age, arrested, **per year**, from 2002 to 2013; and
 - a. Per year by Race
 - b. Per year by Gender
6. 720 ILCS 550/4 (from Ch. 56 1/2, par. 704): It is unlawful for any person knowingly to possess cannabis.
The **total** number of minors arrested, **per year**, from 2002 to 2011; and
 - a. Per year by Race
 - b. Per year by Gender
7. 720 ILCS 550/5 (from Ch. 56 1/2, par. 705): It is unlawful for any person knowingly to manufacture, deliver, or possess with intent to deliver, or manufacture, cannabis.

The **total** number of adults, 18 to 25 years of age, arrested, **per year**, from 2002 to 2013; and
 - a. Per year by Race
 - b. Per year by Gender
8. 720 ILCS 550/5 (from Ch. 56 1/2, par. 705): It is unlawful for any person knowingly to manufacture, deliver, or possess with intent to deliver, or manufacture, cannabis.

The **total** number of minors arrested, **per year**, from 2002 to 2013; and
 - a. Per year by Race
 - b. Per year by Gender

Illinois Controlled Substances Act

5. 720 ILCS 570/401 (from Ch. 56 1/2, par. 1401): Sales of a controlled substance.
The **total** number of adults, 18-25 years of age, arrested, **per year**, from 2002 to 2013; and
 - a. Per year by Race
 - b. Per year by Gender
 - c. Per year by Controlled Substance
6. 720 ILCS 570/401 (from Ch. 56 1/2, par. 1401): Sales of a controlled substance.
The **total** number of minors arrested, **per year**, from 2002 to 2013; and
 - a. Per year by Race
 - b. Per year by Gender
 - c. Per year by Controlled Substance
7. 720 ILCS 570/402 (from Ch. 56 1/2, par. 1402): Possession of a controlled substance.
The **total** number of adults, 18-25 years of age, arrested, **per year**, from 2002 to 2013; and
 - a. Per year by Race
 - b. Per year by Gender
 - c. Per year by Controlled Substance
8. 720 ILCS 570/402 (from Ch. 56 1/2, par. 1402): Possession of a controlled substance.
The **total** number of minors arrested, **per year**, from 2002 to 2013; and
 - a. Per year by Race
 - b. Per year by Gender
 - c. Per year by Controlled Substance

APPENDIX E

Institutional Review Board Interviewee Verbal Consent Script

Verbal Consent Form for Oak Park and River Forest Study on Youth and Young Adult Substance Use

Hello, my name is Kathie Kane-Willis, and I am a researcher with the Roosevelt University's Illinois Consortium on Drug Policy. I am collecting information and data for a research project funded by the Community Mental Health Board of Oak Park Township. I'd like to ask you for your help by answering a few questions for me regarding your impressions regarding youth and young adult substance use including alcohol. Your participation in this survey should take about an hour or so depending on your thoughts and ideas. This research has been reviewed and approved by the Institutional Review Board at Roosevelt University. If you have any questions, concerns, or complaints about this research project, please contact us at 312-341-4336. If you would like to speak with someone other than the researchers, you may contact the Roosevelt University Institutional Review Board at (312) 853-4774. If you have questions about the rights of participants, you may contact the Faculty Research Ethics Officer at (312) 341-2440. The information you tell me will be strictly confidential and I will not record your name or your title in any notes or in any report. The information you tell me will help me to formulate a plan for Oak Park to consolidate youth substance prevention, intervention and treatment activities so if you have ideas on improving Oak Park's system of care for young people, those ideas might show up in our report but they will not be attributed to you. Also, your participation is completely voluntary. You are free to not answer any questions and may withdraw from my study at any time, just by letting me know you would not like to continue any further. You can also end the interview at any time.

Are there any questions about my study that I can answer for you at this time?

Would you like to participate in my study?

APPENDIX F

Interviewee Questions

1. What changes in youth substance use have you seen in your role as ___ over the past few years?
2. If you had to rank the following drugs in terms of what is most concerning to you among Oak Park/River Forest youth, how would you rank them?
3. What are your general impressions of what is the greatest drug risk for youth and young adults in Oak Park/River Forest? What concerns you the most?
4. Are there any systemic barriers to care in Oak Park/River Forest?
5. If you had the power to do anything to improve services in Oak Park/River Forest in regard to youth substance use, what would you do?
6. In Oak Park/River Forest what are the greatest barriers towards creating a unified approach to the issue of youth substance use?
7. Are there any successful models, programs or services in Oak Park/River Forest that you think really help address the risks associated with youth substance use – if so what are they? Are there programs that are not working? (What is working- what is not working?)
8. What has surprised you the most regarding what you have seen in terms of youth and young adult substance use?
9. Who else do you think it is important that I should talk to about youth and young adult substance use
10. What policies would you put in place to either reduce youth and young adult substance use or to reduce the harm from substance use (including alcohol)?

Note: Not all of these questions will be asked – it depends on who is being interviewed and these questions are meant as guidelines only. Generally interviews like this flow naturally in a conversational format.

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