ILLINOIS YOUTH SURVEY

2012 STATE REPORT

ALCOHOL, TOBACCO AND OTHER DRUG USE AMONG ILLINOIS YOUTH

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DHS
Illinois Department of Human Services

Acknowledgments

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Table of Contents

Table of Figures and Tables

Executive Summary

Overview

The Illinois Department of Human Services (IDHS) has funded the administration of the Illinois Youth Survey (IYS) biennially since 1993. The IYS is a self-report survey administered in school settings and is designed to gather information about a variety of health and social indicators including substance use patterns and attitudes of Illinois youth. The IYS state sample has been randomly drawn since 2008 to represent 6th grade youth in addition to grade levels reported in 2012. The 6th grade estimate could not be compiled in 2012 because the Chicago Public Schools Research Review Board did not provide permission to survey 6th grade students in their district. Because Chicago is an important segment of the random state sample, the 6th grade estimate of Illinois students cannot be reported. This report presents key findings, based on a representative sample of 8th, 10th, and 12th grade youth in 2012, regarding alcohol and other drug use behaviors and the factors (in the peer, family, and community environments) that can increase or decrease the likelihood that a young person will become involved with drugs.

The Landscape of Substance Use Among Illinois Youth

- **Alcohol is the drug of choice among Illinois youth.** The most commonly reported drug across all age groups is alcohol. As youth age, alcohol increases. While about one out of three 8th graders report using alcohol in the past year, by the time they reach 12th grade, about two out of three report use in the past year. Female adolescents are more likely than their male counterparts to report alcohol use.

- **Marijuana ranks number two among all reported grade levels.** Use of marijuana follows alcohol as the next most frequently reported substance. As youth age, the likelihood of using marijuana increases such that about 13.4% of 8th graders report marijuana use but nearly 38.5% of 12th graders report using marijuana in the past year. White youth are least likely to report using marijuana compared to youth of other races in Illinois.

- **Use of tobacco products comes in third for Illinois youth.** Past 30-day cigarette use is reported by 4.6%, 8.8% and 16.3% of 8th, 10th, and 12th graders respectively. Similar patterns are reported for other forms of smoking tobacco (excluding cigarettes) such that 16.1% of 12th graders report smoking tobacco other than cigarettes. African-American youth are least likely to report smoking cigarettes compared to youth of other races. Compared to youth from all other community types in Illinois, rural youth are most likely to use cigarettes, least likely to disapprove of cigarette use, least likely to believe that their parents disapprove of cigarette use, and most likely to report easy access to cigarettes and other tobacco products.

- **Among those who have ever used one or more of the gateway drugs, first use is between ages 14 and 15**. Of all the gateway drugs (including alcohol, cigarettes/other tobacco and marijuana), cigarettes are used earliest with an average (mean) age of first use at 14.3 years. If prevention efforts are to be successful in delaying substance use initiation, prevention efforts should target 13-16 year olds to reach them when they are confronted with initiation decisions during these critical years.

- **For high school students, misuse of prescription drugs and illicit drugs (except marijuana) is limited.** Among 12th graders (the oldest adolescents who participate in the IYS), 8.1% report using any prescription drug without a doctor's permission in the past year, and 7.9% report using any illicit drug (except marijuana) in the past year. These rates are even lower for youth at younger grade levels. Chicago youth are least likely to report using prescription pain killers without a doctor's permission.

- **Over one-third of 12th graders, who have ever used alcohol use, may be at risk for alcohol abuse or dependence**. Among 12th graders who have used alcohol during their lifetime, 38.8% first used before the age of 15. In addition, 12.7% reported they first regularly (i.e. once or twice per month) used alcohol before the age of 15. These young people are at elevated risk for abuse or dependence. Based on questions that screen for current substance abuse problems, 24.5% of 10th and 33.4% of 12th graders could benefit from a more in-depth assessment to determine if intervention is warranted.

Encouraging Observations and Trends to Build On

- **Past year use of any gateway substance is declining among 8th graders.** Use of any gateway substance is defined as past year use of alcohol or tobacco or marijuana or inhalants. Past year gateway drug use decreased for 8th graders from 43.3% to 37.9%, a positive emerging trend. Past year use of any gateway substance remained steady for high school youth at 56.8% of 10th graders and 67.9% of 12th graders respectively.

- **Factors that discourage alcohol use are on the rise among 8th graders.** In 2012, more 8th graders perceive that alcohol use is risky, believe that adults disapprove of alcohol use by youth, and say that alcohol is harder to access than in 2010. While rates of adolescent alcohol use have not changed since 2010, these early protective indicators among the youngest adolescents are encouraging.

- **Factors that protect adolescents against cigarette (and other tobacco) use are also improving among young adolescents.** Compared to 8th graders in 2010, more 8th graders in 2012 believe that cigarette smoking is risky, believe that teen smoking is wrong, believe that their parents would disapprove of them smoking cigarettes, believe adults in their community disapprove of teen smoking, and view cigarettes as more difficult to access.

- **Use of one or more illicit drugs (including MDMA- "Ecstasy," LSD/psychedelics, cocaine/crack, meth, and heroin) is decreasing among 8th and 10th grade youth**. Use of one or more illicit drugs (excluding marijuana) dropped from 3.8% in 2010 to 2.3% in 2012 among 8th graders, and from 6.1% to 3.4% among 10th graders. The use of one or more illicit drug remained unchanged in 2012 for high school seniors.

- **Inhalant use is down among 8th, 10th, and 12th grade youth, reaching the lowest levels since 2008 for all three grades.** This is a positive emerging trend for 8th and 10th grade and a positive reversal of the previous trend for12th grade youth. In addition, more 8th graders in Illinois believe that inhalant use is risky (69.6%) than their national counterparts (59%).

- **With respect to marijuana, no news is good news: Past year and past 30-day marijuana use rates remain steady from 2010 to 2012 for all grades.** While the ideal would be a decrease in use, a number of concerning precursors to marijuana use were on the rise in the 2010 IYS State Report. As a result, no increase in marijuana use represents an encouraging finding. Further encouraging news is that, compared to youth in 2010, more 8th graders perceive that their parents disapprove of teen marijuana use and more 8th and 10th graders report that their parents have talked to them about not using marijuana in 2012.

Concerning Observations and Trends to Watch

- **Binge drinking is on the rise among 12th graders**. The prevalence of binge drinking among high school seniors was 30.5% in 2012 compared to 23.4% in 2010. This is a reversal of a decline observed in binge drinking among 12th graders from 2008 to 2010. There was no change in the rate of binge drinking from 2010 to 2012 among 8th and 10th grade youth.

- **Although rates of past year and past 30-day alcohol use remain steady in Illinois, several 2012 precursors to alcohol use should clearly be watched and targeted through prevention efforts. Compared to youth in 2010:**

    - MORE believe they would be seen as "cool" if they drank alcohol regularly.
    - MORE accessed alcohol through one or more social sources (including friends, party, stranger, older sibling, and non-parent adults with their permission).
    - MORE accessed alcohol through one or more retail sources (including store, gas station, or bar/restaurant).
    - FEWER feel their parents would catch them if they drank alcohol without parental permission or attended a party where alcohol was served.

- **More 10th grade youth are driving after using marijuana or other illegal drugs.** Compared to 10th grade youth in 2010, more 10th graders in 2012 report driving a car after using marijuana or other illegal drugs during the past year (8.5% in 2010 vs. 10.9% in 2012). The prevalence of driving after using marijuana or other illegal drugs did not increase among 12th grade youth.

- **At all grade levels, attitudes toward marijuana are increasingly favorable.** Compared to 2010, more 8th, 10th, and 12th graders in 2012 feel that their peers believe it is "cool" to smoke marijuana, an emerging trend not seen in 2010. With ongoing discussions of medical marijuana legalization in Illinois and throughout the country, trends in non-medical marijuana use and attitudes should be carefully watched.

More Information

More information regarding the full scope of the Illinois Youth Survey including the *Illinois Youth Survey 2012 State Report* and accompanying data tables can be found at http://iys.cprd.illinois.edu/ . The website also contains information about ways schools can benefit from taking part in the Illinois Youth Survey at no cost every two year.

Introduction

Overview of the Illinois Youth Survey

The Illinois Department of Human Services (IDHS) has funded the administration of the Illinois Youth Survey (IYS) biennially since 1993. The IYS is a self-report survey administered in school settings and is designed to gather information about a variety of health and social indicators including substance use patterns and attitudes of Illinois youth.

The administration of the IYS has two major goals, the first of which is to supply local data to schools and school districts throughout Illinois. During state funded survey years (e.g. 2008, 2010, 2012, etc.), the survey is available to all public and private schools in the state at no cost. Each participating school is eligible to receive a report specific to their own student responses. These local reports provide critical information to school administrators, prevention professionals, and community members as they work to address substance abuse issues in their communities. In 2012, a total of 1,003 schools (representing 188,882 youth) took advantage of the opportunity to gather local IYS data at no cost to them.

The second goal of administering the IYS is to provide a scientific estimate of health and social indicators for the state of Illinois. The scientific estimate is based on drawing a random sample to represent the state population of 6th, 8th, 10th, and 12th graders in Illinois public schools. This *Illinois Youth Survey 2012 State Report* presents findings based on data gathered January–June 2012 from students in the random sample of schools. In 2008, the sampling design was changed to represent the distribution and mix of schools in Illinois. Because results from earlier survey administration years cannot be confidently compared to 2008 and 2010, this report is limited to 2008-2012 trends.

Description of the Sample

Historically, the IYS State Report is based on a random sample of 6th, 8th, 10th and 12thgrade public school students in Illinois (see Appendix 8: Illinois Youth Survey Methodology for a detailed description of the sampling and data management procedures used). The sampling methodology provides the ability to compare youth between community types (City of Chicago, Suburban Chicago Counties, Other Urban and Suburban Counties not in the Chicago Metropolitan Area, and Rural Counties) or by grade level over time.

After the state sample was drawn for 2012, the Chicago Public Schools Research Review Board notified the IYS administrator that 6th grade students could not be surveyed in their district. Because Chicago is an important segment of the random state sample, **an Illinois 6th grade average cannot be reported for any survey responses.** Subsequently, **6th grade youth were excluded from all data reported by community type** (in order to permit statistical comparisons between youth in all community types including Chicago).

The following tables provide an overview of the composition of the sample by Illinois community type and grade level.

Sample by Illinois Community Type		
Community Type	**# of students**	**# of schools[1]**
Suburban Chicago	5,833	81
Chicago	737	*11
Other Urban/Suburban	3,156	48
Rural	2,057	30

Sample by Grade Level		
Grade	**# of students**	**# of schools[1]**
6th	2,300	**48
8th	3,052	62
10th	3,346	68
12th	3,085	65

[1] Some schools contribute multiple grade levels to the sample, therefore the total sum of schools per grade (N=243) is greater than the total of schools by community (N=170).
* The sample for the 2012 IYS State Report EXCLUDES ALL 6th grade youth.
**Not reported in the 2012 IYS State Report.

Data Comparisons to Identify Significant Differences

To identify the patterns and changes in substance use among Illinois youth, the following statistical comparisons were made:

- **2010 vs. 2012 IYS responses by grade --** to determine changes in Illinois youth over time. Note that there are no 6th grade estimates available in 2012 due to the lack of 6th grade participation in Chicago.
- **2012 IYS responses vs. national estimates** from the Monitoring the Future Study -- to determine how Illinois youth compare with national youth. See Appendix 9: Monitoring the Future Methodology for more information about this national study.
- **2012 IYS responses between four different community types** across Illinois: *1) City of Chicago, 2) Suburban Chicago Counties*, *3) Other Urban and Suburban Counties* not in the Chicago Metropolitan Area, and *4) Rural Counties* to observe differences between youth living in different types of Illinois environments. For more information about how these community types are defined and a list of areas included in each, refer to Appendix 10: Illinois Community Types. Community type estimates for 2012 are based on 8th, 10th and 12th grade IYS data and cannot be compared to 2010 estimates reported by community type (which included 6th grade youth).

When attempting to identify important trends and highlights, it is crucial to know when a difference between groups is statistically significant. For example, were 8th graders in 2012 more likely to binge drink than 8th graders in 2010? Are 10th graders in Illinois more likely to smoke than their peers nationwide? A statistically significant difference is one in which there is a high probability that you would see the same difference if you surveyed many random samples from the population. Scientific studies typically use a statistic called a "p value" to report the level of statistical significance. The p value indicates the likelihood that the observed difference is due solely to chance. For example, $p<.05$ means that there is less than a 5% probability that the difference you see is due solely to chance. In this report, highlighted observations are based on the threshold of statistical significance at the $p<.05$ level and noted with an asterisk (*) symbol. For more information on the IYS methodology, see Appendix 8: Illinois Youth Survey Methodology.

Although the survey provides valid statewide estimates of alcohol, tobacco, and other drug (ATOD) use, the data collection process does have limitations. Since the surveys are conducted in public school settings, the sample does not include youth who are chronically absent, in alternative school settings, or are not enrolled in a public school (including those who have dropped out of school). In addition, IYS survey administration is dependent on an individual school's willingness to voluntarily participate. Finally, as with all self-report surveys, there is a possibility that respondents may not be truthful in their answers. Data collection processes are closely monitored to address these limitations whenever possible and data cleaning protocols are designed to screen for inconsistencies in the self-report data.

Organization of the Illinois Youth Survey 2012 State Report

The report is divided into multiple sections including an overview of substance use and related problems across all drugs. In addition, the report contains substance-specific sections for alcohol, cigarettes and tobacco, marijuana, inhalants, prescription and over the counter drugs, and other illicit drugs. Each section includes a summary of highlights, figures and tables to support the highlights, and reference to relevant appendices (Appendix 1 – Appendix 7) which contain more extensive presentations of all data relevant to that section.

Additional appendices provide more detail related to the procedures used to determine the IYS random sample and details of the statistical analyses (Appendix 8), thorough descriptions of the *Monitoring the Future* national data collection methodology (Appendix 9), definitions of the types of Illinois communities compared in this report (Appendix 10), and a summary of relevant data trends from *Monitoring the Future 2007-2012* (Appendix 11).

Summaries of 2012 results based on other topics included in the IYS (e.g., nutrition and fitness, gambling, interpersonal violence, school climate) will be disseminated in future publications found at: http://iys.cprd.illinois.edu/ . In addition, reports from past administrations of the IYS can be found on the same web site.

Using this Report

The true value of any data-focused document lies in whether it is successfully used by individuals and groups to impact policies, procedures, and programs to improve the quality of life in communities. This report has been uniquely designed for ease of use by a variety of audiences including prevention providers, policy makers, coalitions, agencies, and school personnel. Data is provided in graphical and narrative form to allow busy policy makers, school administrators, and prevention professionals to readily view the most salient aspects of the data. As mentioned earlier, statistically significant findings in relation to trends over time, comparison of Illinois youth to national norms, and comparisons between Illinois community types are clearly highlighted in the narrative. Report sections are topic specific (e.g., alcohol) allowing the reader to focus on particular areas of interest. In addition, comprehensive, detailed appendices are available for those who wish to more fully explore the data as a benchmark to compare with their own community data. Appendices also detail IYS sampling and analysis procedures, and provide information about comparable national data samples.

Section 1 – Snapshot of Youth Substance Use in Illinois

Drug Consumption Patterns and Problems

This section of the 2012 IYS State Report provides an overview of drug consumption patterns. Section 1 is designed to illustrate a snapshot across substances and between subgroups of youth (e.g., gender or race). Substance consumption patterns are reported for 8th, 10th, and 12th grade Illinois youth. Note that there are no 6th grade estimates available in 2012 due to the lack of 6th grade participation in Chicago (see Introduction section for more information). For a comprehensive analysis of Illinois and national trends for each substance or group of substances, refer to Sections 2-7 of this report for highlights of each.

While the scientific sample for Illinois was drawn to mirror the distribution of youth at each surveyed grade level and to reflect Illinois' geographic distribution of the youth population (Chicago, Suburban Chicago, Other Urban/Suburban areas, and Rural areas), the sample size allows race/ethnicity comparisons only at the state level. The only race subgroups with sufficient sample size (at least 1,000 students) to statistically compare groups include White, African-American/Black, and Latino/Latina race groups. Appendix 1 provides comparisons between these race groups based on the sample design and sufficient subgroup sample size.

Age of first drug use is only presented for 12th graders because only those who have ever reported using a drug are included in the determination of the average age of initiation. High school seniors are the best population to track "age of first use" for two reasons: 1) they are the oldest group (they can reflect back across all ages), and 2) they are the largest group of users to calculate age of first use of a substance (smaller and unstable samples can affect the calculation of an average age of first use among younger adolescents). In addition, first use of alcohol before 15 years of age has been associated with risk for abuse and dependence, compared to those who delay alcohol initiation to 21 years of age.[1] Substance abuse research literature suggests that the longer first use can be delayed, the less likely long term consequences associated with abuse, dependence, and related problems will occur. Potential concern related to abuse and dependence can be measured through the substance abuse screening questions (CRAFFT Screening Tool) included in the IYS high school survey form. The CRAFFT is validated for determining whether an adolescent could benefit from further assessment for problems resulting from substance use. CRAFFT questions were first introduced into the IYS in 2012 and have no trends to report. For more information about the CRAFFT, refer to http://www.ceasar-boston.org/CRAFFT/.

Drug consumption patterns highlighted in this section can be used to observe, across all drugs, what substances are used most commonly, at what point prevention efforts can be most effectively targeted to potentially delay decisions to use alcohol or another drug, and to highlight any subgroups that have lower or higher rates of use. Differences that reached statistical significance (at the $p<.05$ level) are noted with an asterisk (*) symbol. If $p<.05$, it means that there is only a very limited possibility (<5%) that the difference is due solely to chance (See Appendix 9: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

[1] Grant, B.F., & Dawson, D.A. (1997). Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey. Journal of Substance Abuse 9: 103-110.

Summary of Highlights

- **Alcohol is the drug of choice compared to all other substances.** Among 12th graders, reports of both past year and past 30-day use suggest that the top three most commonly used drugs are alcohol, marijuana, and cigarettes. The same pattern is evident among 8th and 10th graders as well.

- **Misuse of prescription and over-the-counter drugs (OTC) is limited**. Among 12th graders, 8.1% reported use of any prescription drug to get high in the past year and 5.5% reported use in the past 30 days.

- **Illicit drug use is limited.** Among 12th graders, 7.9% reported use of any illicit drug (excluding marijuana) during the past year. Among all illicit drugs(excluding marijuana), the most prevalent was MDMA ("Ecstasy") with 5.3% of 12th graders reporting use in the past year.

- **Among 8th graders, fewer report use of one or more gateway substances in the past year.** Use of one or more gateway substance is defined as past year use of alcohol OR tobacco OR marijuana OR inhalants. Past year use of any gateway drug decreased for 8th graders from 43.3% to 37.9%, a positive emerging trend. Past year use of any gateway substance remained steady for high school youth at 56.8% of 10th graders and 67.9% of 12th graders.

- **Compared to African-American/Black and Latino/Latina youth, WHITE youth:**

    - are least likely to use marijuana in the past year
    - are most likely to use LSD/psychedelics in the past year
    - are most likely to use other prescription drugs to get high in the past year
    - are most likely to use <u>any</u> prescription/OTC drug to get high in the past year

- **Compared to White and Latino/Latina youth, AFRICAN-AMERICAN/BLACK youth:**

    - are least likely to use cigarettes in the past year
    - are least likely to use cocaine in the past year
    - are least likely to use prescription painkillers to get high in the past year
    - are least likely to use other prescription drugs (e.g., Ritalin, Adderall, Xanax, etc.) to get high in the past year
    - are least likely to use <u>any</u> prescription drug to get high in the past year
    - are least likely to use <u>any</u> illicit drug (including MDMA - "Ecstasy," LSD/psychedelics, cocaine, methamphetamines, and heroin) in the past year

- **Compared to African-American/Black and White youth, LATINO/LATINA youth:**

    - are more likely than African-American/Black youth and less likely than White youth to use <u>any</u> prescription drugs to get high in the past year
    - are more likely than African-American/Black youth and less likely than White youth to use other prescription drugs (e.g., Ritalin, Adderall, Xanax, etc.) to get high in the past year

- **Compared to female youth, MALE youth are more likely to use every reported substance, with the following exceptions:**
    - Males are less likely to use alcohol in the past year and past 30 days
    - Males are less likely to use one or more "gateway" substance in the past year
    - There are no gender differences in use of inhalants

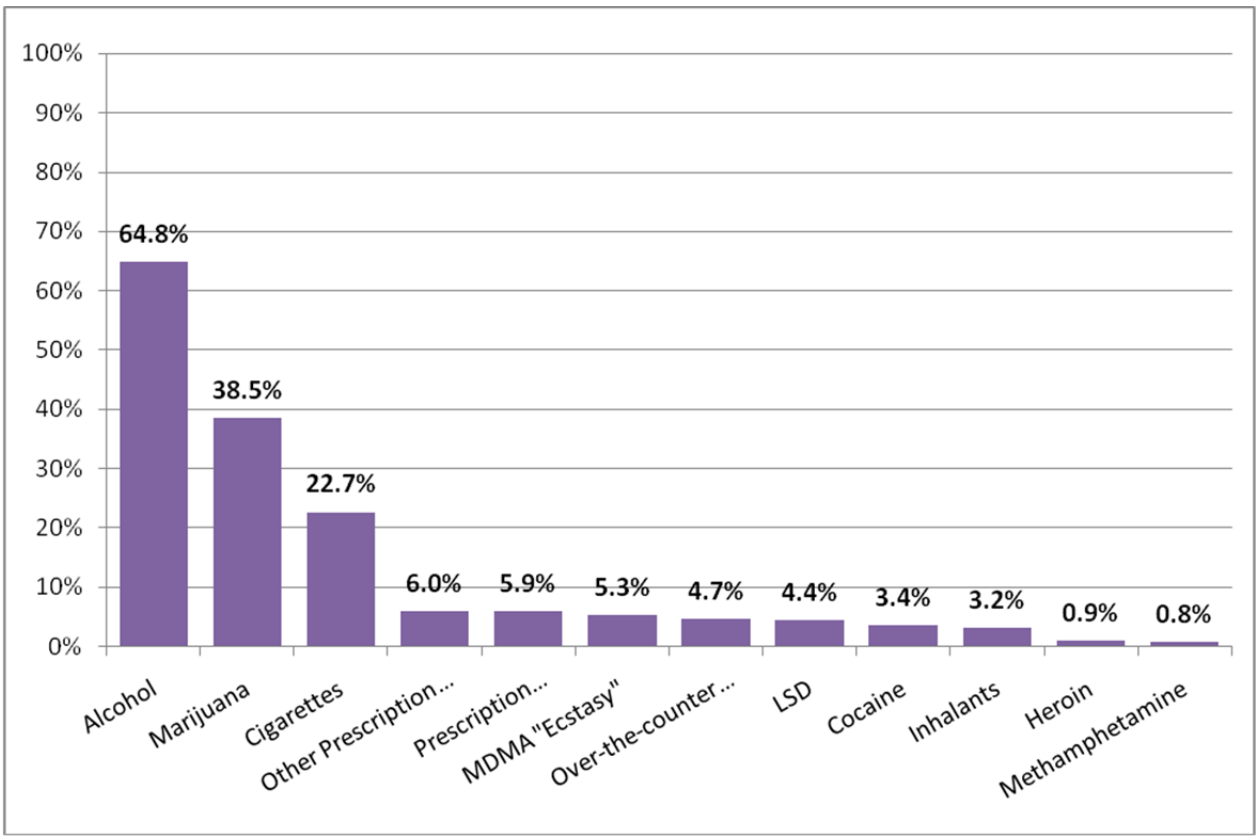
- **Among those who have ever used one of the gateway drugs, on average, first use is between ages 14 and 15.** Cigarettes are first used earliest with the average (mean) age of first use at 14.3 years of age. If prevention efforts are to be successful in delaying substance use initiation, prevention efforts should target 13-16 year olds to reach them when they are confronted with initiation decisions during these critical years.

- **Over one out of three 12th graders, who have initiated alcohol use, may be at risk for alcohol abuse or dependence later in life.** Among 12th graders who have used alcohol during their lifetime, 38.8% first used before the age of 15. In addition, 12.7% reported they first regularly (i.e. once or twice per month) used alcohol before the age of 15. These young people are at elevated risk for abuse or dependence later in life.

- **Based on the CRAFFT screening results, 24.5% and 33.0% of 10th and 12th graders respectively could benefit from a more in-depth assessment to determine if intervention is warranted.** The most frequently experienced consequences among high school youth were riding in a car driven by someone (including yourself) who had been using alcohol or drugs (23.9% and 33.4% for 10th and 12th graders), and using alcohol or drugs to relax (19.6% and 25.7% for 10th and 12th graders respectively).

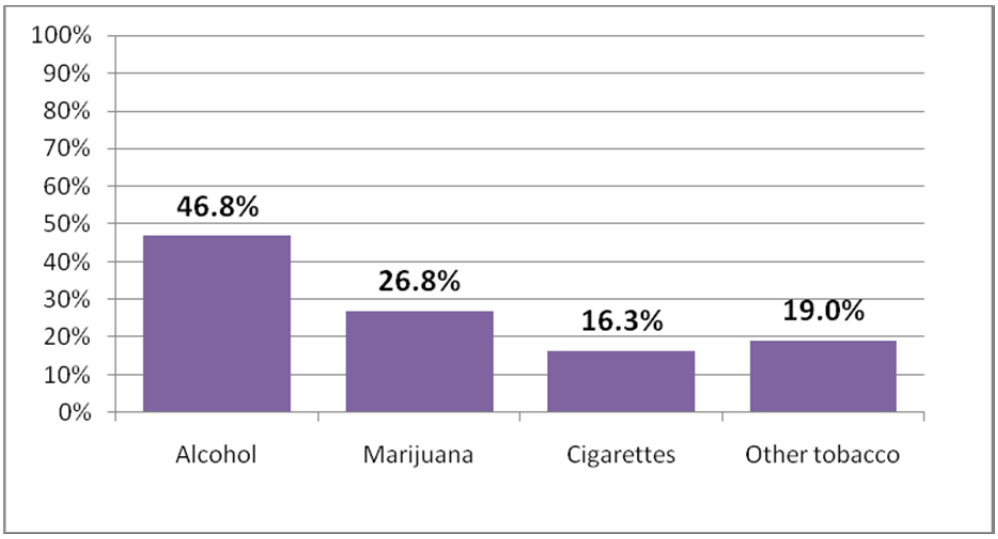
Illinois Highlights –Figures and Tables

Figure 1.1 Use of substances in the past year among 12th grade youth



Note: Data is from IYS 2012

Figure 1.2 Use of most prevalent substances in the past 30 days among 12th grade youth



Note: Data is from IYS 2012

Table 1.1 Use of alcohol, marijuana, cigarettes, and inhalants in the past year, by grade

2012	Used in the Past Year			
	6th	8th	10th	12th
Alcohol	N/A	34.5%	51.9%	64.8%
Marijuana	N/A	13.4%	28.8%	38.5%
Cigarettes	N/A	8.2%	14.3%	22.7%
Inhalants	N/A	4.8%	2.7%	3.2%

Figure 1.3 Trends in use of at least one gateway substance (alcohol or tobacco or marijuana or inhalants) - Used in the past year

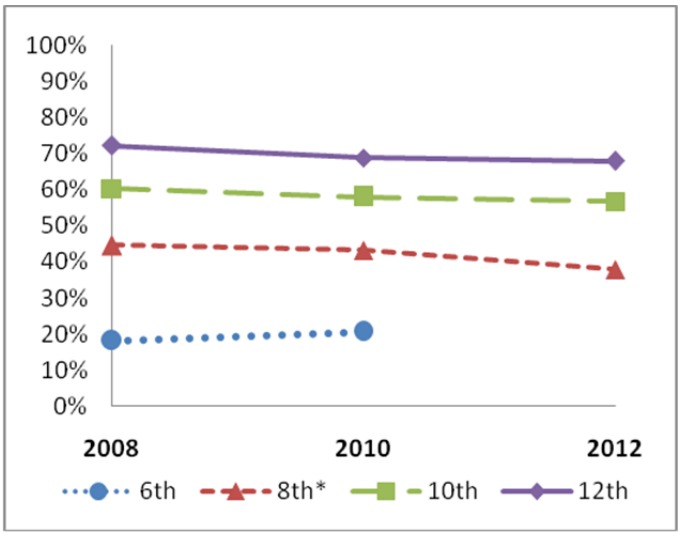


Figure 8.1 data:

	2008	2010	2012
6th	18.2%	20.6%	N/A
8th*	44.6%	43.3%	37.9%
10th	60.3%	57.9%	56.8%
12th	72.3%	68.9%	67.9%

* statistically significant change (p<.05) from 2010 to 2012

Table 1.2 Race group differences in substance use behaviors* -- 8th, 10th, and 12th grades combined

Substance use behavior – 2012	Across all grade levels (8th, 10th and 12th)combined**		
	White	African-American/Black	Latino/ Latina
Past Year Use			
Marijuana	23.1%*	36.2%	28.6%
Any Illicit (Excluding Marijuana)	5.3%	1.5%*	4.7%
Crack/Cocaine	2.1%	0.6%*	2.6%
LSD/Psychedelics	2.9%*	0.6%	1.7%
Any Prescription Drugs	7.3%*	1.7%*	4.9%*
Prescription Painkillers	5.0%	1.2%*	3.7%
Other Prescription Drugs	5.2%*	0.8%*	3.1%*

* Indicates which race group differs from all others at (p<.05)

** Race-specific estimates in 2012 (based on the combined sample of 8th, 10th and 12th graders) cannot be compared with race-specific estimates in 2010 (based on the combined sample of 6th, 8th, 10th and 12th graders).

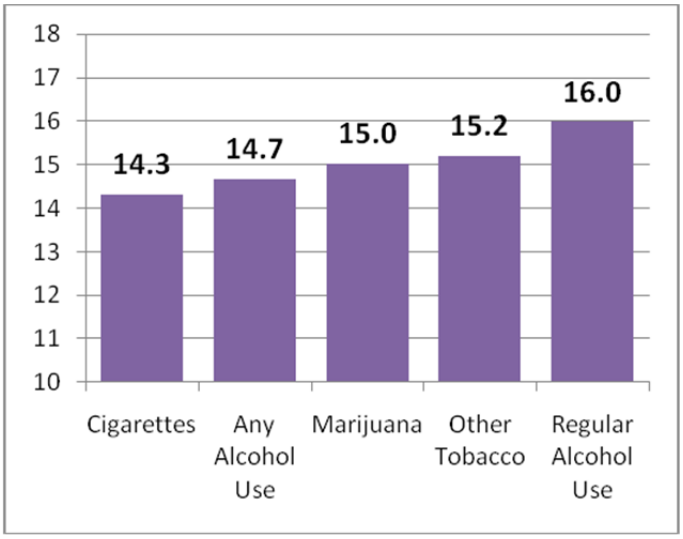
Table 1.3 Gender differences* in substance use behaviors- 8th, 10th, and 12th grades combined

Substance use behavior – 2012	Across all grade levels combined**	
	Females	Males
Past Year Use		
Any Substance	55.8%	52.2%
Alcohol	53.2%	46.9%
Cigarettes	13.1%	16.3%
Marijuana	24.5%	28.7%
Any Illicit (Excluding Marijuana)	3.1%	5.7%
Crack/Cocaine	1.1%	2.6%
Psychedelics/LSD	1.0%	3.2%
Ecstasy/MDMA	2.1%	3.6%
Methamphetamine	0.4%	1.0%
Heroin	0.4%	0.9%
Any Prescription Drugs	4.5%	6.5%
Prescription Painkillers	3.1%	4.7%
Other Prescription Drugs	2.9%	4.6%
Steroids	0.7%	1.6%
Over-the-Counter Drugs	2.9%	4.4%
Past 30 Day Use		
Alcohol	34.2%	31.4%
Any tobacco product (including cigarettes)	11.6%	18.8%
Cigarettes	8.1%	11.1%
Chewing tobacco	2.0%	8.3%
Smoking tobacco (other than cigarettes)	6.1%	12.3%
Marijuana	15.3%	20.9%
Any Prescription Drugs	2.6%	4.4%
Prescription Painkillers	2.0%	2.9%
Other Prescription Drugs	1.7%	3.1%
Over-the-Counter Drugs	1.2%	2.3%
Past 2 Week Use		
Binge Drinking	16.4%	18.6%

* All reported differences between genders are statistically significant ($p<.05$)

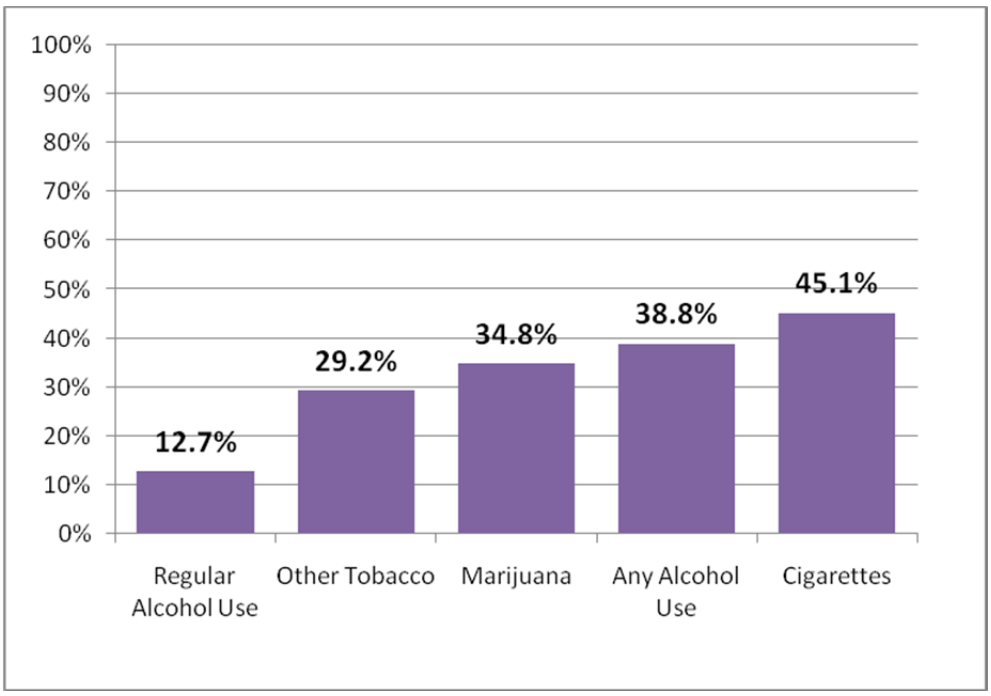
** Gender-specific estimates in 2012 (based on the combined sample of 8th, 10th and 12th graders) cannot be compared with gender-specific estimates in 2010 (based on the combined sample of 6th, 8th, 10th and 12th graders).

Figure 1.4 Average (mean) age of first substance use - Among 12th grade youth who have ever used



Note: Data is from IYS 2012

Figure 1.5 First use before age 15 - Among 12th grade youth who have ever used each substance



Note: Data is from IYS 2012

Table 1.4 Problem alcohol or other drug use - CRAFFT Screening Tool

During the past 12 months	**10th**	**12th**
Rode in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs	23.9%	33.4%
Used alcohol or other drugs to relax feel better about yourself, or fit in	19.6%	25.7%
Forgot things you did while using alcohol or other drugs	14.5%	23.8%
Used alcohol or other drugs while you were by yourself, alone	15.2%	19.2%
Family or friends told you that you should cut down on your drinking or drug use	9.3%	10.4%
Gotten into trouble while using alcohol or drugs	9.9%	8.7%
Experienced 2 or more consequences (indicating the potential need for substance abuse assessment)	24.5%	33.0%

Note: Data is from 2012 IYS

More Information

To review summaries of substance use prevalence in 2012 by grade, by gender, and by race, refer to Appendix 1 - 2012 Substance Use by Grade, Race, and Gender.

Section 2 - Alcohol

Overview

This section of the 2012 IYS State Report provides information on alcohol consumption patterns, contributing factors for 8th, 10th and 12th grade Illinois youth, and alcohol-related consequences for 10th and 12th grade Illinois youth. It is useful to observe patterns of alcohol use in terms of most recent use (e.g., past year, past 30 days); quantity of use (e.g., 5 or more drinks in a row); and alcohol preferences (e.g., beverage types among alcohol users). Contributing factors are those attitudes, beliefs, and behaviors reported by youth that increase or decrease the likelihood of alcohol use. Substance abuse literature sometimes refers to these as "risk and protective factors" or "intervening variables." Trends in alcohol-related contributing factors can indicate where to target prevention activities and can also reveal early signs of what might be ahead in future consumption patterns. Alcohol-related consequences are those problems that arise due to alcohol consumption. Trends in alcohol-related consequences can help build the case for alcohol use prevention and inform or anticipate the need for additional interventions to address the problems that result from alcohol use.

Alcohol Use

The reported **alcohol use patterns** assessed in the IYS include:

- Age of first alcohol use (reported in Section 1: Illinois Snapshot of Youth Substance Use)
- Age of first regular alcohol use-once or twice per month (reported in Section 1: Illinois Snapshot of Youth Substance Use)
- Alcohol use in the past year
- Alcohol use in the past 30 days
- 5 or more drinks in a row in the past two weeks (binge drinking)
- Alcohol beverage types reported in the past 30 days (e.g., beer, wine, flavored alcohol beverages "alcopops")
- Being drunk or high at school in the past year (8th, 10th & 12th grade).
- Driving after drinking alcohol in the past year

To identify the patterns and changes in alcohol use among Illinois youth, the following statistical comparisons were made:

- **2010 vs. 2012 IYS responses by grade --** to determine changes in Illinois youth over time. Note that there are no 6th grade estimates available in 2012 due to the lack of 6th grade participation in Chicago (see Introduction section for more information).
- **2012 IYS responses vs. national estimates** from the Monitoring the Future Study -- to determine how Illinois youth compare with national youth. See Appendix 9: Monitoring the Future Methodology for more information about this national study.
- **2012 IYS responses between four different community types** across Illinois: *1) City of Chicago, 2) Suburban Chicago Counties*, *3) Other Urban and Suburban Counties* not in the Chicago Metropolitan Area, and *4) Rural Counties* -- to determine if alcohol use varies by location. For more information about how these community types are defined and a list of areas included in each, refer to Appendix 10: Illinois Community Types. Community type estimates for 2012 are based on 8th, 10th and 12th grade IYS data and cannot be compared to estimates reported in 2010 by community type (which included 6th grade youth).

Differences that reached statistical significance (at the p <.05 level) are noted with an asterisk (*) symbol. If p<.05, it means that there is only a very limited possibility (<5%) that the difference is due solely to chance. (See Appendix 8: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Binge drinking is on the rise among 12th graders.** There was a statistically significant increase in consuming five or more drinks in a row during the past two weeks (which defines binge drinking) among 12th grade youth in 2012 as compared to 2010. The prevalence of binge drinking among high school seniors was 30.5% in 2012 compared to 23.4% in 2010. This is a reversal of the decline in binge drinking among 12th graders from 2008 to 2010. There was no change in binge drinking from 2010 to 2012 among 8th and 10th grade youth.

- **Past 30-day alcohol use remains steady among 8th, 10th and 12th grade youth, but is higher than national averages for all three grade levels.** Past 30-day use among 8th graders was 19.4% in Illinois, compared to 11.0% nationally; among 10th graders it was 33.2% in Illinois, vs. 27.6% nationally, and among 12th graders it was 46.8% in Illinois vs. 41.5% nationally. In addition, Illinois 8th grade youth reported higher rates of alcohol use in the past year compared to national levels (34.5% vs. 23.6% respectively).

- **Liquor remains the most commonly consumed alcohol beverage type for Illinois youth**. Among 8th, 10th and 12th graders who have used alcohol in the past 30 days, liquor (vodka, whiskey, etc.) was the most frequently consumed type of alcoholic beverage in 2012. Beer was reported as the second most commonly consumed alcohol beverage among all grades.

- **Alcohol use does not differ between youth living in different types of Illinois communities.** No differences were observed when estimates of alcohol use were compared between 8th-12th grade youth living in varying types of communities throughout Illinois.

Figure 2.1 Alcohol - Used at least once in the past year

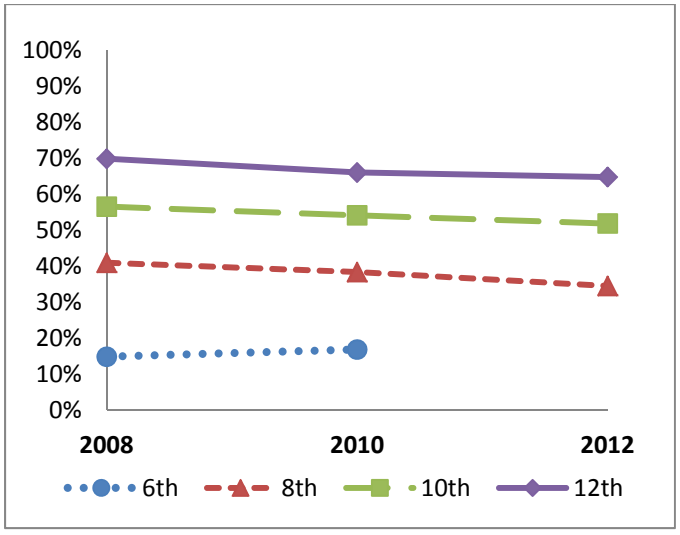


Figure 2.1 data:

	2008	2010	2012
6th	14.9%	16.9%	N/A
8th	41.0%	38.4%	34.5%
10th	56.6%	54.2%	51.9%
12th	69.9%	66.1%	64.8%

No change was statistically significant (p<.05) for any grade from 2010 to 2012.

Figure 2.2 Alcohol – Used at least once in the past 30 days

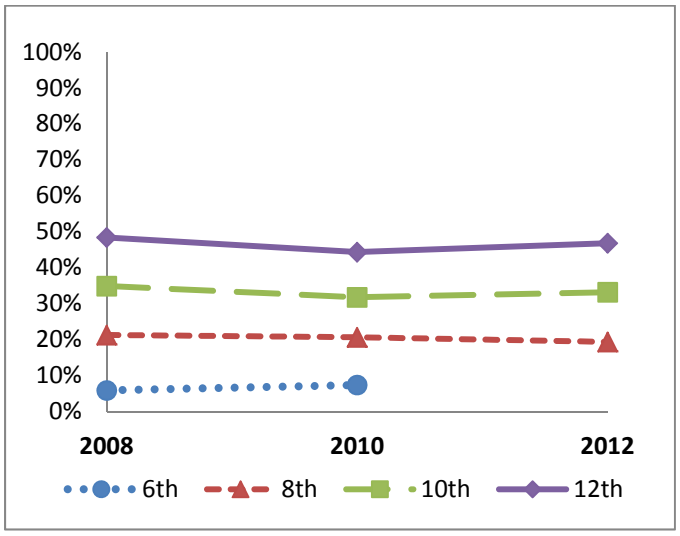


Figure 2.2 data:

	2008	2010	2012
6th	5.9%	7.4%	N/A
8th	21.3%	20.7%	19.4%
10th	34.9%	31.8%	33.2%
12th	48.4%	44.3%	46.8%

No change was statistically significant (p<.05) for any grade from 2010 to 2012.

Figure 2.3 Binge Drinking: Reported 5 or more drinks in a row in the past two weeks

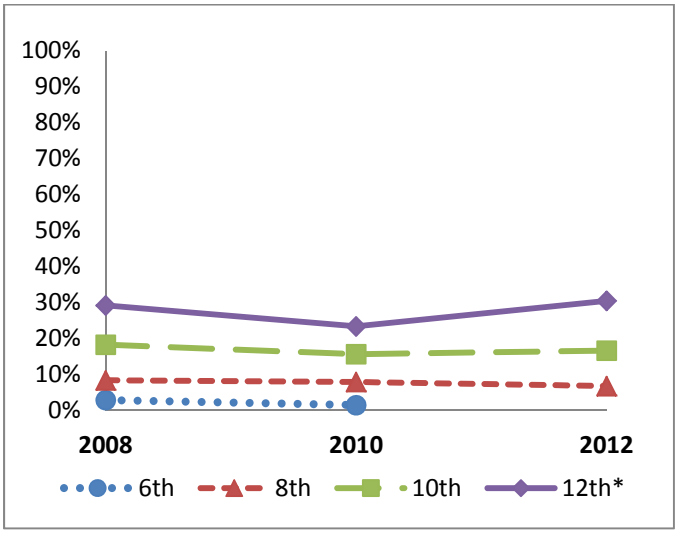


Figure 2.3 data:

	2008	2010	2012
6th	2.9%	1.5%	N/A
8th	8.4%	7.9%	6.8%
10th	18.3%	15.7%	16.6%
12th*	29.2%	23.4%	30.5%

* statistically significant change (p<.05) from 2010 to 2012

Table 2.1_ Type of alcohol consumed in the past 30 days by grade

Among alcohol users in the past 30 days:	**Used type when they drank**			
	6th	**8th**	**10th**	**12th**
Beer	N/A	56.0%	63.4%	67.9%
Malt liquor	N/A	17.2%	19.8%	22.3%
Wine	N/A	50.3%	40.6%	44.7%
Liquor (vodka, whiskey, etc.)	N/A	67.9%	82.2%	86.2%
Alcopops (wine coolers, hard lemonade, hard cider)	N/A	51.6%	52.3%	50.5%
Liquor with energy drinks (e.g., Red Bull)	N/A	52.2%	47.2%	41.5%

Note: Data is from IYS 2012

National Estimates

Table 2.2 National vs. Illinois estimates for alcohol use, 8th -12th grade

	8th		10th		12th	
	Illinois	US[1]	Illinois	US[1]	Illinois	US[1]
Alcohol - past year	34.5%	23.6%*	51.9%	48.5%	64.8%	63.5%
Alcohol - past 30 day	19.4%	11.0%*	33.2%	27.6%*	46.8%	41.5%*

[1] Data source for US estimates is Monitoring the Future (2012). For more information, see Appendix 9 – Monitoring the Future Methodology.

* Statistically significant difference between Illinois and US (p <.05)

Alcohol-Related Contributing Factors

The **alcohol-related contributing factors** assessed in the IYS include:

- Perceived risk of harm associated with daily drinking
- Perceived risk of harm associated with binge drinking
- Personal disapproval of youth alcohol use
- Perceived peer attitudes (norms) associated with youth alcohol use (e.g., how "cool" they would be perceived by peers if they used alcohol)
- Perceived peer behaviors (norms) associated with youth alcohol use (e.g., perceived extent of alcohol use among students in their school)
- Perceived parental disapproval of youth alcohol use
- Perceived community (adult) disapproval of underage drinking
- Parental communication regarding their disapproval of youth alcohol use
- Parental monitoring of alcohol-related behavior
- Family rules about alcohol and drug use.
- Perceived ease of access to alcohol
- Access to different alcohol sources (e.g., purchased at gas station)
- Use of a fake ID to buy alcohol in the past year (new in 2012)

To identify the patterns and changes in alcohol-related contributing factors among Illinois youth, the following statistical comparisons were made:

- **2010 vs. 2012 IYS responses by grade** -- to determine changes in Illinois youth over time (with the exception of fake ID use since this question was not asked in 2010). Note that there are no 6th grade estimates available in 2012 due to the lack of 6th grade participation in Chicago (see Introduction section for more information).
- **2012 IYS responses between four different community types** across Illinois within: *1) City of Chicago, 2) Suburban Chicago Counties*, *3) Other Urban and Suburban Counties* not in the Chicago Metropolitan Area, and *4) Rural Counties* -- to determine if alcohol contributing factors vary by location. For more information about how these community types are defined and a list of areas included in each, refer to Appendix 10: Illinois Community Types. Community type estimates for 2012 are based on 8th, 10th and 12th grade IYS data and cannot be compared to 2010 estimates reported by community type (which included 6th grade youth).

Differences that reached statistical significance (at the $p<.05$ level) are noted with an asterisk (*) symbol. If $p<.05$, it means that there is only a very limited possibility (<5%) that the difference is due solely to chance. (See Appendix 8: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Perception of harm from drinking daily is increasing among 8th and 10th grade youth**. The percent of youth who associated "great risk" with daily drinking increased from 2010 to 2012 for both 8th (25.3% to 36.1%) and 10th (28.6% to 34.6%) grade youth.

- **More 8th grade youth perceive binge drinking as risky.** The perception that there is "great risk" associated with binge drinking increased among 8th graders i from 38.8% in 2010 to 47.2% in 2012. There were no changes in risk perceptions associated with binge drinking among 10th and 12th grade youth.

- **Less than one-half of 12th grade youth disapprove of peer alcohol use**. Although in prior years the majority of youth in 12th grade believed it was "wrong" or "very wrong" for their peers to drink regularly, in 2012 the disapproval rate fell from 53.6% to 48.4%. This deterioration in personal disapproval did not occur among 8th or 10th graders.

- **Compared to 2010, more youth think they would be seen as "cool" if they drank alcohol regularly (i.e. at least once or twice per month).** This is a concerning trend not observed from 2008 to 2010. The proportion of 12th grade youth that thought there was "some" to "a very good chance" they would be viewed as cool if they drank increased from 33.6% in 2010 to 46.8% in 2012. A similar trend occurred among 10th graders (32.3% in 2010 to 48.5% in 2012), and a less pronounced but still significant increase occurred among 8th graders (23.2% in 2010 vs. 28.4% in 2012). This is of particular concern as perceptions of peer attitudes are closely tied with alcohol use.

- **The majority of youth believe that adults in their community feel it would be wrong for them to drink alcohol regularly.** This is an emerging positive trend for 8th graders, with 80.9% reporting adult disapproval in 2012 compared to 77.1% in 2010. Although the majority of youth at all ages believe adults disapprove of regular (once or twice per month) teen drinking, as youth mature, fewer believe that adults in their community disapprove of teen alcohol use.

- **More parents of 12th graders are communicating with their adolescent about not using alcohol.** The percent of 12th grade youth who report their parents have talked to them in the past year about not using alcohol increased from 49.1% in 2010 to 53.0% in 2012.

- **Compared to 2010, fewer youth at all grade levels feel their parents would catch them if they drank alcohol without their permission.** The proportion of youth that felt that their parents would catch them if they drank alcohol without their permission decreased from 56.4% in 2010 to 45.8% in 2012 for 8th graders, from 33.6% to 28.0% for 10th graders, and from 25.1% in 2010 to 18.5% for 12th graders. This finding reflects a decay in youth perceptions of parent monitoring.

- **Compared to 2010 fewer youth at all grade levels feel their parents would catch them if they were at a party where alcohol is served.** The proportion of 8th graders that felt that their parents would catch them if they were at a party where alcohol was served fell from 56.3% in 2010 to 44.4% in 2012; the proportion among 10th graders fell from 36.7% to 26.3%, and 12th graders fell from 25.3% to 16.5%. This is a reversal of the positive trend that was observed among 12th grade youth from 2008 to 2010.

- **Alcohol is viewed as harder to access among 8th graders.** There was a significant decrease in the percentage of 8th grade youth who believe alcohol is "sort of easy" or "very easy" to get, from 41.8% in 2010 to 36.5% in 2012.

- **More 8th-12th grade youth use one or more social sources to access alcohol in 2012 than in 2010.** Among youth who reported using alcohol during the past year, the proportion who accessed alcohol through at least one social source (including friends, parties, strangers, older siblings, and non-parent adults with their permission) increased significantly from 2010 to 2012 for 8th graders (from 50.2% to 75.8%), for 10th graders (from 68.0% to 87.8%) and for 12th graders (from 74.0% to 91.0%). When each specific social source is observed, 10th graders reported a decline in access through older siblings and getting alcohol from their parents without permission.

- **Retail access to alcohol is increasing among high school students from 2010 to 2012.** Among youth who reported using alcohol during the past year, alcohol access through at least one retail source (including store, gas station, or bar/restaurant), increased from 11.0% to 17.0% for 10th graders and from 17.5% to 24.5% for 12th graders.

- **Compared to 8th-12th grade youth from all other community types in Illinois, 8th-12th grade CHICAGO youth:**

    - *are least likely to believe that they would be caught by their parents if they drove after drinking*
    - *are least likely to report getting alcohol from a friend*
    - *are most likely to report obtaining alcohol from any retail source*
    - *are most likely to report access to alcohol from stores*
    - *are most likely to report giving money to a stranger to buy alcohol for them*

- **Compared to 8th-12th grade youth from all other community types in Illinois, SUBURBAN CHICAGO 8th-12th grade youth:**

    - *are most likely to perceive "great risk" is associated with binge drinking*

Illinois Highlights –Figures and Tables

Figure 2.4 Believe "great risk" is associated with daily drinking

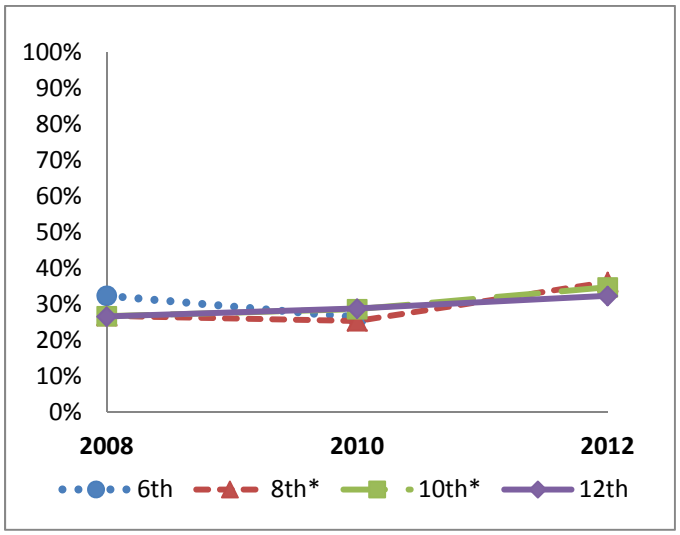


Figure 2.4 data:

	2008	2010	2012
6th	32.3%	26.3%	N/A
8th*	26.7%	25.3%	36.1%
10th*	26.6%	28.6%	34.6%
12th	26.5%	28.7%	32.2%

* statistically significant change (p<.05) from 2010 to 2012

Figure 2.5 Believe "great risk" is associated with drinking 5 or more drinks in a row (binge drinking)

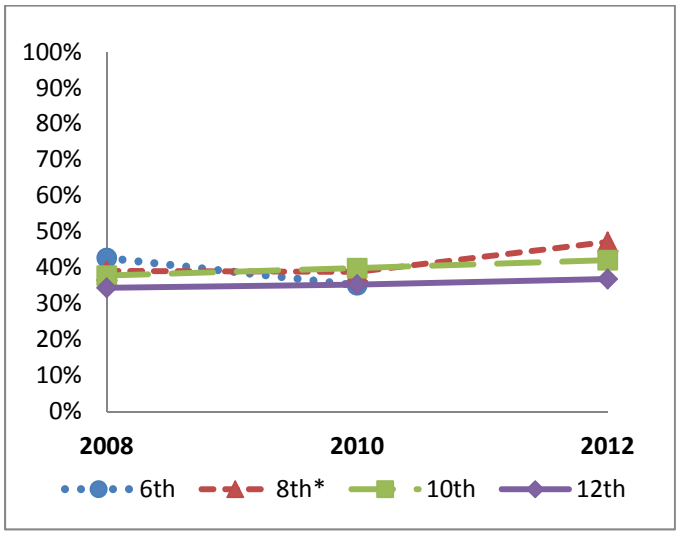


Figure 2.5 data:

	2008	2010	2012
6th	42.7%	35.1%	N/A
8th*	39.1%	38.8%	47.2%
10th	37.8%	39.9%	42.1%
12th	34.4%	35.3%	36.8%

* statistically significant change (p<.05) from 2010 to 2012

Figure 2.6 Believe it is "wrong" or "very wrong" for their peers to drink regularly

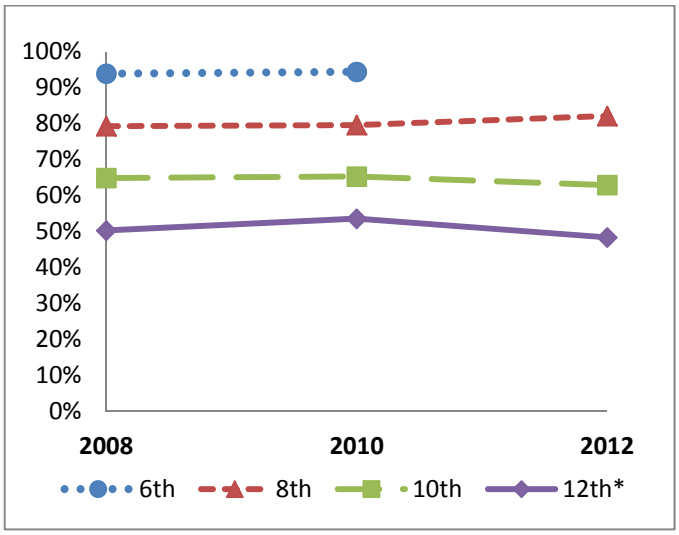


Figure 2.6 data:

	2008	2010	2012
6th	93.9%	94.4%	N/A
8th	79.3%	79.6%	82.1%
10th	64.9%	65.3%	63.0%
12th*	50.3%	53.6%	48.4%

* statistically significant change (p<.05) from 2010 to 2012

Figure 2.7 Believe there is at least "some chance" that they would be seen as cool if they drank regularly

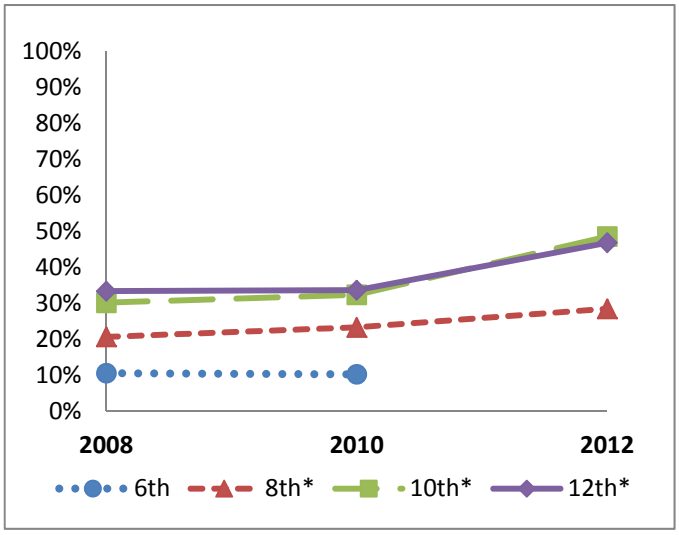


Figure 2.7 data:

	2008	2010	2012
6th	10.5%	10.2%	N/A
8th*	20.6%	23.2%	28.4%
10th*	30.1%	32.3%	48.5%
12th*	33.3%	33.6%	46.8%

* statistically significant change (p<.05) from 2010 to 2012

Figure 2.8 Believe most adults in their neighborhood would think it is "wrong" or "very wrong" for kids their age to drink alcohol

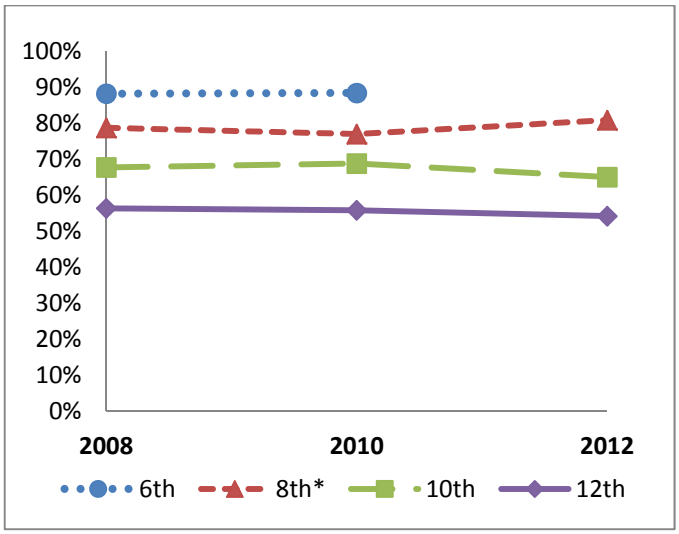


Figure 2.8 data:

	2008	2010	2012
6th	88.3%	88.5%	N/A
8th*	78.8%	77.1%	80.9%
10th	67.8%	68.9%	65.1%
12th	56.4%	55.9%	54.3%

* statistically significant change (p<.05) from 2010 to 2012

Figure 2.9 Parents communicated in the past year about not using alcohol

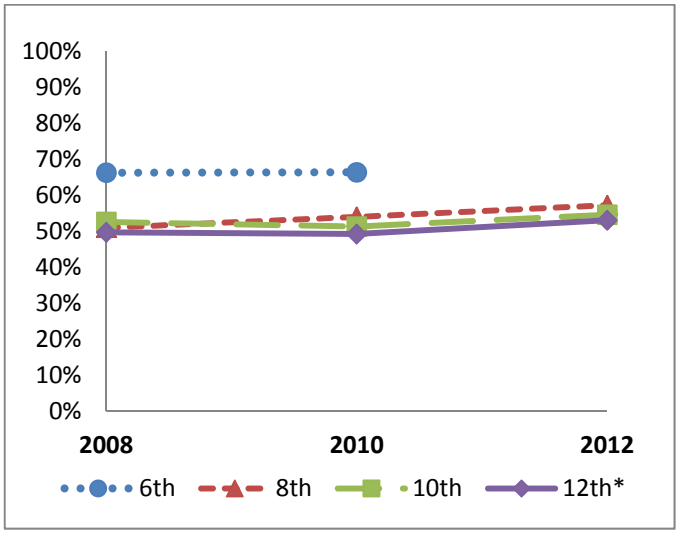


Figure 2.9 data:

	2008	2010	2012
6th	66.2%	66.3%	N/A
8th	50.9%	53.9%	57.1%
10th	52.5%	51.2%	54.5%
12th*	49.6%	49.1%	53.0%

* statistically significant change (p<.05) from 2010 to 2012

Figure 2.10 Believe they would be caught by their parents if they drank alcohol

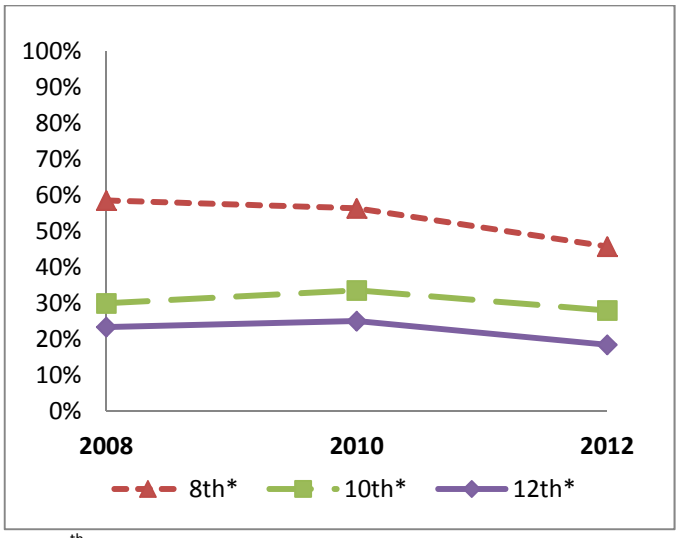


Figure 2.10 data:

	2008	2010	2012
8th*	58.6%	56.4%	45.8%
10th*	30.0%	33.6%	28.0%
12th*	23.4%	25.1%	18.5%

* statistically significant change (p<.05) from 2010 to 2012

Note: 6th grade data not available because question was not included on that group's survey

Figure 2.11 Believe they would be caught by their parents if they went to a party where alcohol was served

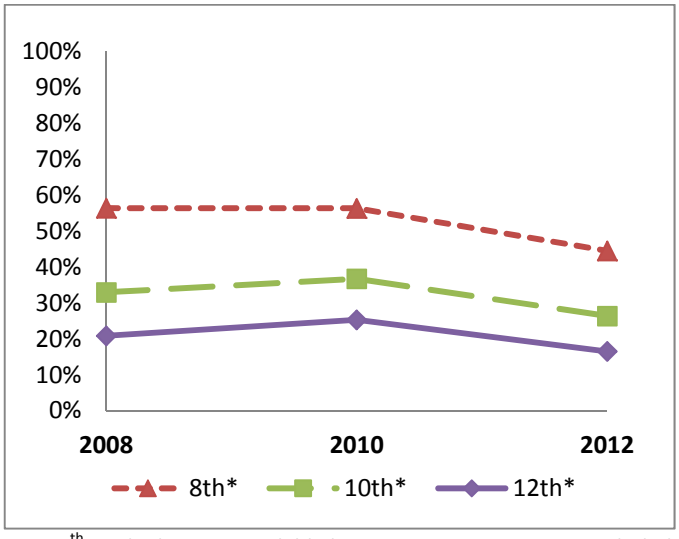


Figure 2.11 data:

	2008	2010	2012
8th*	56.3%	56.3%	44.4%
10th*	32.9%	36.7%	26.3%
12th*	20.8%	25.3%	16.5%

* statistically significant change (p<.05) from 2010 to 2012

Note: 6th grade data not available because question was not included on that group's survey

Figure 2.12_ Believe alcohol is "sort of easy" or "very easy" to get

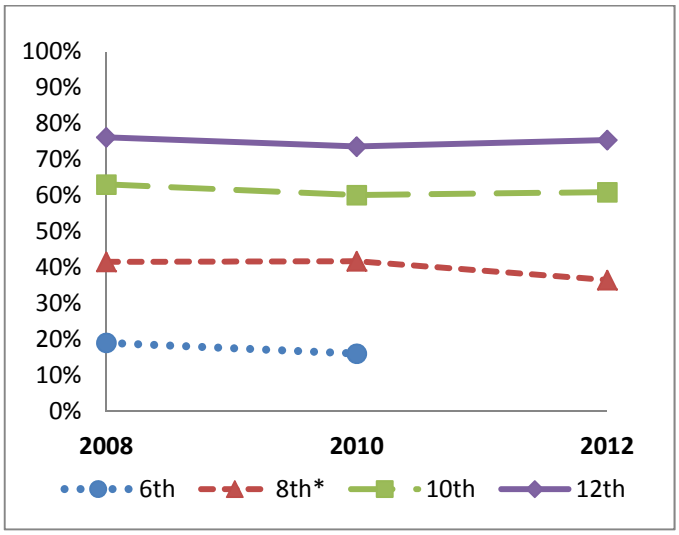


Figure 2.12 data:

	2008	2010	2012
6th	19.1%	16.1%	N/A
8th*	41.6%	41.8%	36.5%
10th	63.1%	60.2%	61.0%
12th	76.2%	73.6%	75.4%

* statistically significant change (p<.05) from 2010 to 2012

Table 2.3 Sources of alcohol

Sources of Alcohol Access	Among Alcohol Users in the Past Year…		
	8th	10th	12th
Retail Purchase			
AT LEAST ONE retail source	**8.1%**	**17.0%**	**24.5%**
Bought it at the store	5.4%	13.1%	17.7%
Bought it at a bar or restaurant	3.4%	5.3%	8.9%
Bought it at a gas station	2.7%	7.0%	12.1%
Purchased using a fake ID	N/A	0.9%	0.8%
Parent Supply			
Got it from my parents WITH their permission	50.4%	35.7%	36.4%
Social Access			
AT LEAST ONE social source (excluding parents)	**75.8%**	**87.8%**	**91.0%**
A friend gave it to me	50.9%	67.9%	73.6%
Got it at a party	54.6%	68.1%	69.8%
Gave a stranger money to buy it for me	15.0%	21.0%	20.6%
My older brother or sister gave it to me	23.2%	25.2%	30.6%
Got it from an adult (other than my parents) WITH that adult's permission	36.1%	40.2%	41.0%
Accessed Without Permission			
Took it from a store	3.3%	5.2%	4.2%
Got it from my parents WITHOUT their permission	44.9%	35.9%	31.0%
Got it from an adult (other than my parents) WITHOUT that adult's permission	24.6%	24.5%	20.4%
Other Supply Source			
Bought it over the internet	1.0%	2.4%	3.9%

Note: Data is from IYS 2012

Table 2.4 Changes in sources of alcohol – Among 8th graders

Alcohol Access Points that Changed from 2010-2012*	Among 8th Grade Alcohol Users in the Past Year…		
	2008	2010	2012
Reported at least one social source (excluding parents)	48.4%	50.2%	75.8%
Bought it at a bar or restaurant	6.7%	6.1%	3.4%
Took it from a store	5.4%	6.0%	3.3%
Bought it over the internet	2.4%	3.0%	1.0%

*Statistically significant change (p<.05) from 2010 to 2012

Table 2.5 Changes in sources of alcohol – Among 10th graders

Alcohol Access Points that Changed from 2010-2012*	Among 10th Grade Alcohol Users in the Past Year…		
	2008	2010	2012
Reported at least one social source (excluding parents)	68.6%	68.0%	87.8%
Got it from my parents WITHOUT their permission	N/A	44.2%	35.9%
Reported at least one retail source	10.4%	11.0%	17.0%
My older brother or sister gave it to me	30.0%	30.5%	25.2%
Bought it over the internet	3.3%	4.3%	2.4%

*Statistically significant change (p<.05) from 2010 to 2012

Table 2.6 Changes in sources of alcohol – Among 12th graders

Alcohol Access Points that Changed from 2010-2012*	Among 12th Grade Alcohol Users in the Past Year…		
	2008	2010	2012
Reported at least one social source (excluding parents)	77.0%	74.0%	91.0%
Reported at least one retail source	19.3%	17.5%	24.5%
Took it from a store	5.6%	7.6%	4.2%

*Statistically significant change (p<.05) from 2010 to 2012

Table 2.7 Differences* in alcohol-related contributing factors by Illinois community type among 8th-12th grade youth combined

Indicator	Suburban Chicago	Chicago	Other Urban/ Suburban	Rural
Believe “great risk” associated with 5 or more drinks in a row (binge drinking)	44.9%* (highest)	39.3%	40.3%	38.9%
Believe parents/guardians would catch them "most of the time" or "always" if they drank and drove	43.4%	30.4%* (lowest)	46.3%	43.1%
Obtained alcohol from any retail source (among alcohol users in the past year)	17.4%	27.5%* (highest)	14.2%	12.6%
Bought alcohol from a store (among alcohol users in the past year)	12.7%	22.4%* (highest)	8.7%	7.6%
Got alcohol from a friend (among alcohol users in the past year)	68.8%	58.8%* (lowest)	70.5%	69.7%
Got alcohol by giving a stranger money to buy it (among alcohol users in the past year)	16.5%	31.0%* (highest)	13.9%	19.2%

Note: Data is from IYS 2012

* indicates community type was different from all others (statistically significant at the p<.05 level)

National Estimates

No indicators in this section could be compared between IYS and national data as the Monitoring the Future survey does not contain parallel items. For more information about the Monitoring the Future Study, see Appendix 9.

Alcohol-Related Consequences

Alcohol-related consequences refer to the negative experiences that result from use, misuse, or abuse of alcohol. There is no information on alcohol consequences for 6th or 8th grade youth because these questions are asked only on the high school IYS survey form.

Alcohol-related consequences assessed by the IYS include:

- Driving after drinking alcohol in the past year
- Consequences experienced in the past year while or after drinking alcohol (added in 2012):
    - Performed poorly on a test or important project
    - Been in trouble with the police
    - Damaged property
    - Got into an argument or fight
    - Been hurt or injured
    - Been a victim of a violent crime
    - Been treated in a hospital Emergency Department.

To identify the patterns and changes in consequences related to alcohol use among Illinois youth, the following statistical comparisons were made:

- **2010 vs. 2012 IYS responses by grade** -- to determine changes in Illinois youth over time. Only presented for driving after drinking alcohol in the past year.
- **2012 IYS responses between four different community types** across Illinois within: *1) City of Chicago, 2) Suburban Chicago Counties*, *3) Other Urban and Suburban Counties* not in the Chicago Metropolitan Area, and *4) Rural Counties* -- to determine if these behaviors vary by location. For more information about how these community types are defined and a list of areas included in each, refer to Appendix 10: Illinois Community Types.

Differences that reached statistical significance (at the $p<.05$ level) are noted with an asterisk (*) symbol. If $p<.05$, it means that there is only a very limited possibility (<5%) that the difference is due solely to chance. Note that no indicators in this section could be compared between IYS and national data as the Monitoring the Future survey does not contain parallel items. For more information about the Monitoring the Future Study, see Appendix 9.

Summary of Illinois Highlights

- **Driving after drinking remains steady and does not vary by location.** There are no differences between youth in different types of communities (e.g., Rural, Suburban Metro Chicago Area, Other Urban/Suburban areas, and City of Chicago) with respect to rates of self-reported driving after drinking.

- **Reported consequences of alcohol are most likely to involve arguments or fights and being hurt or injured.** Arguments or fights while or after drinking were reported by 14.2% of 10th graders and 17.1% of 12th graders. The second most reported consequence, getting hurt or injured, was reported by 7.7% of 10th graders and 9.1% of 12th graders. The least commonly report alcohol-related consequences were being a victim of a violent crime and being treated in the ER.

Illinois Highlights – Figures and Tables

Figure 2.15 Driving after drinking alcohol - At least once in the past year

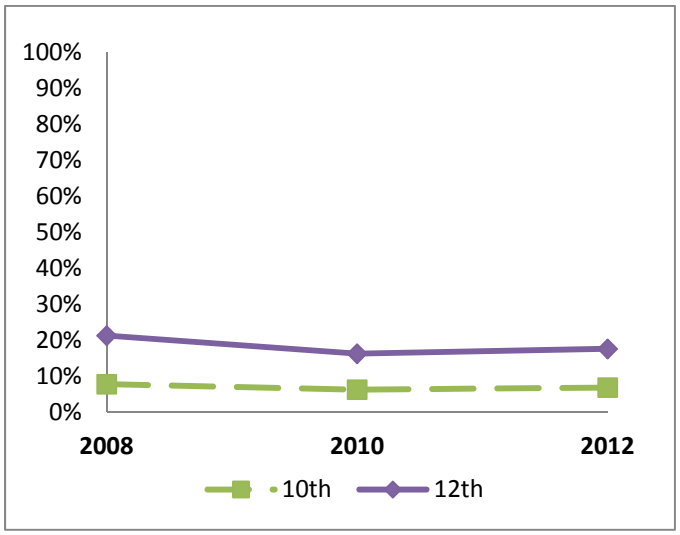


Figure 2.15 data:

	2008	2010	2012
10th	7.7%	6.2%	6.8%
12th	21.2%	16.2%	17.5%

No change was statistically significant (p<.05) for any grade from 2010 to 2012.

Table 2.8 Alcohol consequences

In the past 12 months, experienced while or after drinking alcohol:	**10th**	**12th**
Got into an argument or fight	14.2%	17.1%
Been hurt or injured	7.7%	9.1%
Damaged property	5.5%	7.3%
Performed poorly on a test or important project	6.5%	6.3%
Been in trouble with the police	5.4%	6.1%
Been treated in a hospital Emergency Department	2.4%	2.4%
Been a victim of a violent crime	1.8%	2.2%

Note: Data is from IYS 2012

More Information

To review summaries of youth responses to all alcohol-related consumption, contributing factors and consequence questions, refer to Appendix 2: Alcohol Data Comparison Tables, including:

- 2012 IYS responses by grade level (8th, 10th, 12th)
- IYS 2008 and 2010 responses for 6th grade
- IYS 2008, 2010 and 2012 responses by grade level (8th, 10th, 12th) with statistical comparisons between 2010 and 2012
- Illinois 2012 and National 2012 comparisons by grade level (8th, 10th, 12th)
- 2012 IYS responses (combined grades 8th-12th) by four Illinois community types

Section 3 - Cigarettes and Other Tobacco

Overview

This section of the 2012 IYS State Report provides information on cigarette and other tobacco consumption patterns and contributing factors for 8th, 10th, and 12th grade Illinois youth. Consumption patterns are presented (past year and past 30-day use) for cigarettes, smokeless tobacco, and smoked tobacco products other than cigarettes. In addition, summaries are shared to provide estimates of youth who have used any tobacco product other than cigarettes (smoking and smokeless) and any tobacco product at all (including cigarettes). Contributing factors are those attitudes, beliefs, and behaviors held by youth that increase or decrease the likelihood of cigarette and other tobacco product use. Substance abuse literature sometimes refers to these as "risk and protective factors" or "intervening variables." Trends in tobacco-related contributing factors can indicate where to target prevention activities and can also reveal early signs of what might be ahead in future consumption patterns.

Cigarettes and Other Tobacco Use

The reported **tobacco use patterns** assessed by the IYS include:

- Age of first cigarette use (reported in Section 1: Illinois Snapshot of Youth Substance Use).
- Age of first use of other tobacco products (reported in Section 1: Illinois Snapshot of Youth Substance Use).
- First use of cigarettes before age 15 (reported in Section 1: Illinois Snapshot of Youth Substance Use).
- Past year cigarette use.
- Past 30-day cigarette use
- Past 30 day smokeless tobacco use
- Past 30 day smoking tobacco (other than cigarettes) use

To identify the patterns and changes in tobacco use among Illinois youth, the following statistical comparisons were made:

- **2010 vs. 2012 IYS responses by grade --** to determine changes in Illinois youth over time. Note that there are no 6th grade estimates available in 2012 due to the lack of 6th grade participation in Chicago (see Introduction section for more information).
- **2012 IYS responses vs. national estimates** from the Monitoring the Future Study -- to determine how Illinois youth compare with national youth. See Appendix 9: Monitoring the Future Methodology for more information about this national study.
- **2012 IYS responses between four different community types** across Illinois: *1) City of Chicago, 2) Suburban Chicago Counties*, *3) Other Urban and Suburban Counties* not in the Chicago Metropolitan Area, and *4) Rural Counties* -- to determine if tobacco use varies by location. For more information about how these community types are defined and a list of areas included in each, refer to Appendix 10: Illinois Community Types. Community type estimates for 2012 are based on 8th, 10th and 12th grade IYS data and cannot be compared to 2010 estimates reported by community type (which included 6th grade youth).

Differences that reached statistical significance (at the p<.05 level) are noted with an asterisk (*) symbol. If p<.05, it means that there is only a very limited possibility (<5%) that the difference is due solely to chance (See Appendix 8: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **First use of cigarettes has been delayed.** The mean age of first cigarette use among 12th grade youth who report having ever used cigarettes has been delayed from age 13.9 in 2010 to age 14.3 in 2012. Age of first use is calculated for 12th graders because they are the largest and oldest group of users and can reflect back across all ages.

- **Fewer 12th grade youth have smoked before age 15.** The percent of 12th grade youth who report smoking cigarettes before age 15 (among those who report ever using cigarettes) decreased from 52.9% in 2010 to 45.1% in 2012.

- **Tobacco use remains steady at all grade levels and does not differ from national estimates.** All tobacco indicators in 2012 suggest that use rates have leveled. In 2012, 7.6% of 8th graders, 14% of 10th graders and 25.5% of 12th graders reported using any tobacco product (including cigarettes) in the past 30 days. There was no difference in cigarette use or smokeless tobacco use between Illinois and national youth at any grade level.

- **Compared to 8th-12th grade youth from all other community types in Illinois, 8th-12th grade RURAL youth:**

    - *are more likely to report using cigarettes in the past year and in the past 30 days*
    - *are more likely to report using smokeless(chewing) tobacco products in the past year and in the past 30 days*
    - *are more likely to report using any tobacco product including cigarettes in the past 30-days*

Illinois Highlights – Figures and Tables

Figure 3.1 Cigarettes - Used at least once in the past year

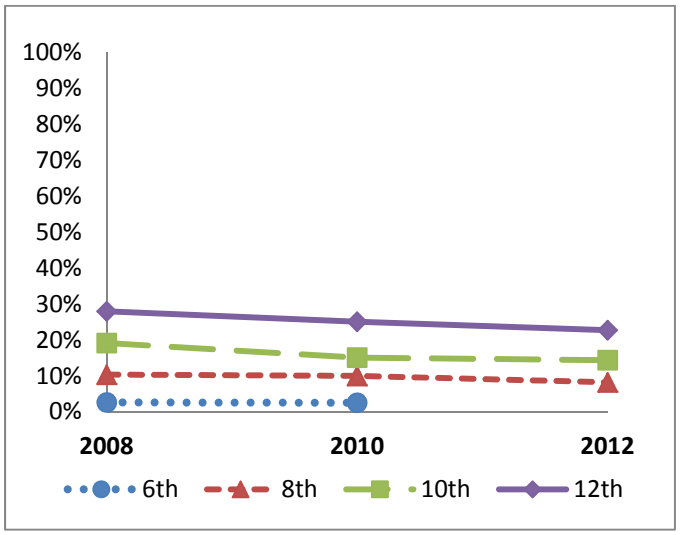


Figure 3.1 data:

	2008	2010	2012
6th	2.6%	2.5%	N/A
8th	10.3%	10.0%	8.2%
10th	19.1%	15.1%	14.3%
12th	27.9%	25.0%	22.7%

No change was statistically significant (p<.05) for any grade from 2010 to 2012.

Figure 3.2 Cigarettes - Used at least once in the past 30 days

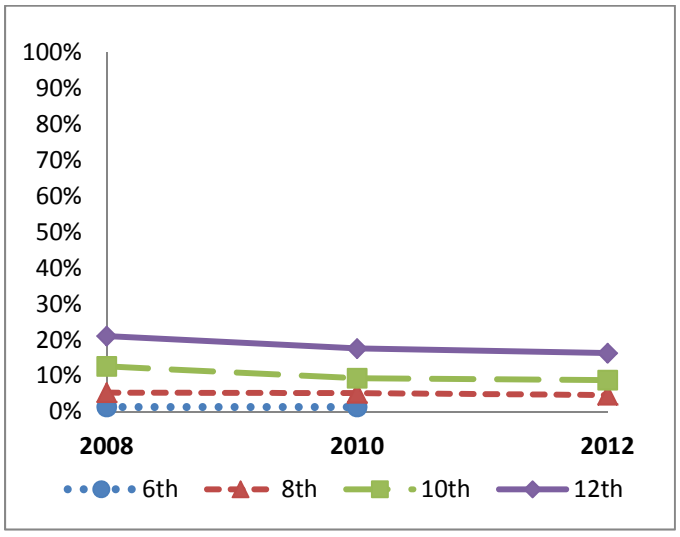
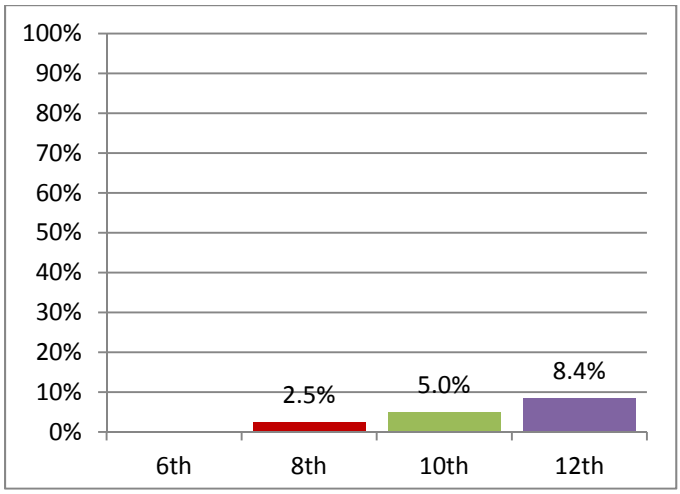


Figure 3.2 data:

	2008	2010	2012
6th	1.3%	1.3%	N/A
8th	5.3%	5.1%	4.6%
10th	12.6%	9.3%	8.8%
12th	21.0%	17.6%	16.3%

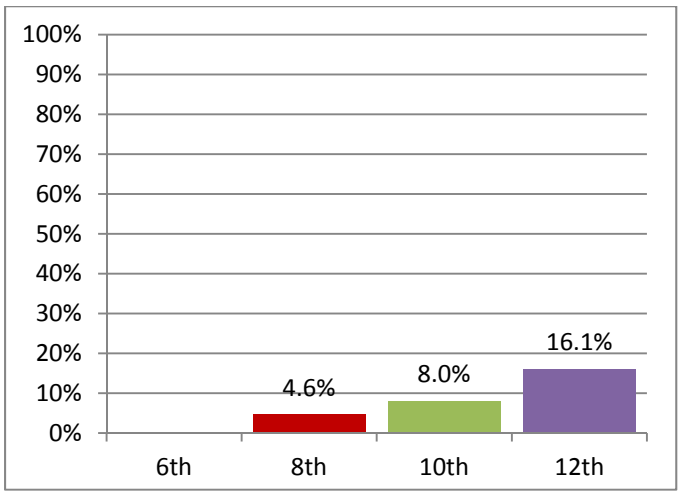
No change was statistically significant (p<.05) for any grade from 2010 to 2012.

Figure 3.3 Smokeless (Chewing) tobacco - Used at least once in the past 30 days



Note: Data only available for 2012 because question was first asked in 2012

Figure 3.4 Smoking tobacco (other than cigarettes) - Used at least once in the past 30 days



Note: Data only available for 2012 because question was first asked in 2012

Figure 3.5 Tobacco products other than cigarettes - Used at least once in the past 30 days

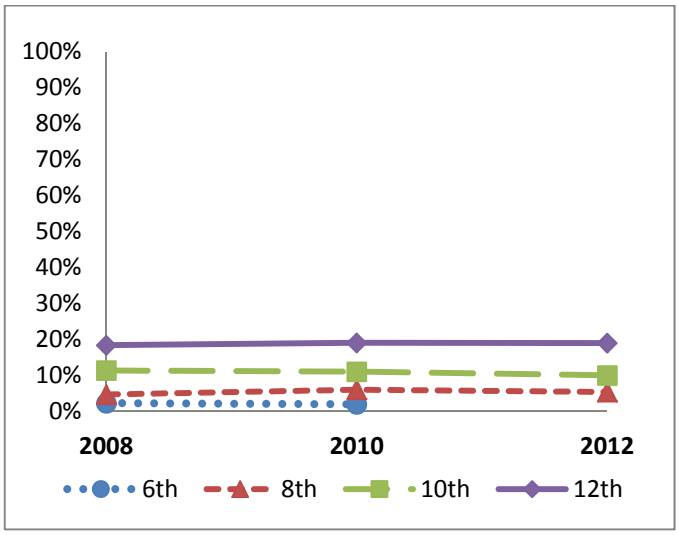


Figure 3.5 data:

	2008	2010	2012
6th	2.3%	2.0%	N/A
8th	4.7%	6.1%	5.4%
10th	11.4%	11.1%	10.0%
12th	18.4%	19.1%	19.0%

No change was statistically significant (p<.05) for any grade from 2010 to 2012.

Figure 3.6 Any tobacco product (INCLUDING cigarettes) - Used at least once in the past 30 days

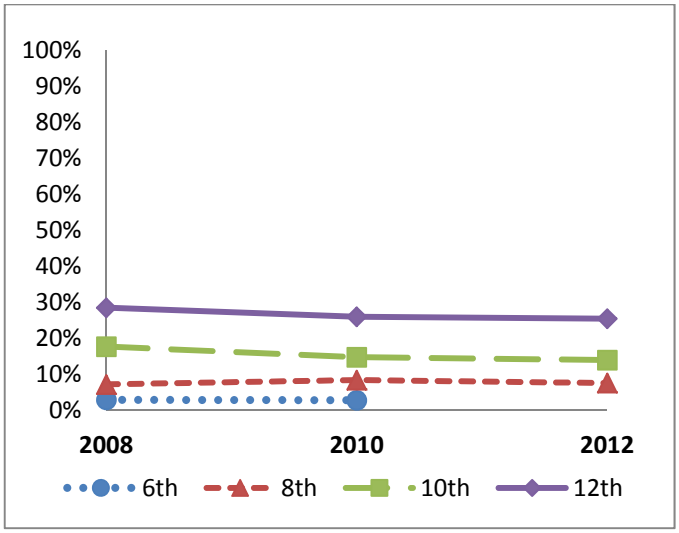


Figure 3.6 data:

	2008	2010	2012
6th	2.9%	2.8%	N/A
8th	7.2%	8.4%	7.6%
10th	17.7%	14.8%	14.0%
12th	28.5%	26.0%	25.5%

No change was statistically significant (p<.05) for any grade from 2010 to 2012.

Figure 3.7 Average (mean) age of first cigarette use - Among 12th grade youth who have ever used

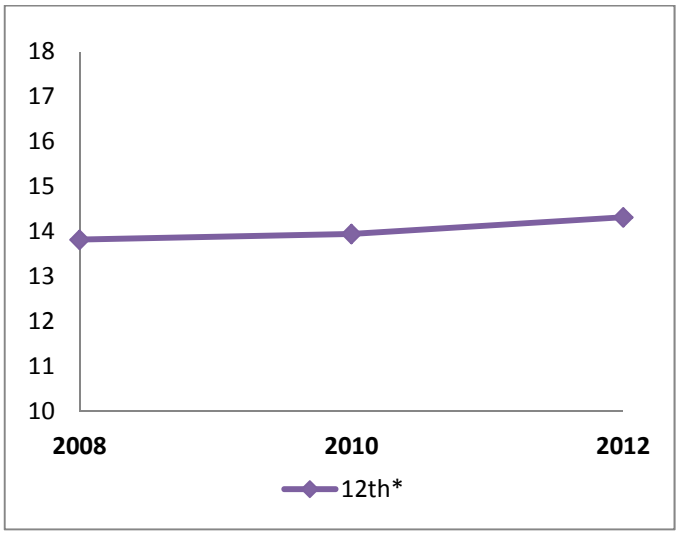


Figure 3.7 data:

	2008	2010	2012
12th*	13.82	13.95	14.32

* statistically significant change (p<.05) from 2010 to 2012

Figure 3.8 First use of cigarettes before age 15 - Among 12th grade youth who have ever used

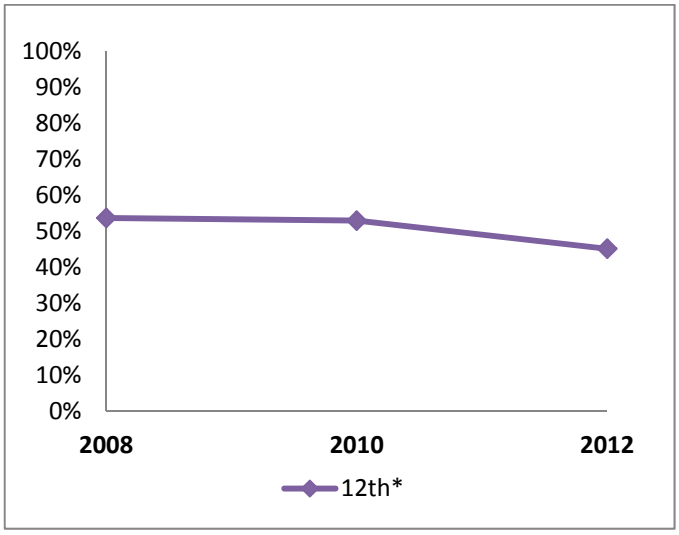


Figure 3.8 data:

	2008	2010	2012
12th*	53.6%	52.9%	45.1%

* statistically significant change (p<.05) from 2010 to 2012

Table 3.1 Differences in tobacco use patterns by Illinois community type (among 8th-12th graders combined)

Indicator	Suburban Chicago	Chicago	Other Urban and Suburban	Rural
Smoked cigarettes in the past year	12.8%	15.1%	14.8%	23.2%* (highest)
Smoked cigarettes in the past 30 days	8.1%	9.6%	9.5%	16.9%* (highest)
Used smokeless (chewing) tobacco in the past 30 days	4.4%	4.6%	5.4%	9.3%* (highest)
Used any tobacco product, including cigarettes, in the past 30 days	14.0%	14.4%	15.8%	22.4%* (highest)

Note: Data is from IYS 2012; * indicates community type was different from all others (statistically significant at the p<.05 level)

National Estimates

Table 3.2_ National vs. Illinois estimates for cigarette use, 8th -12th grade

	8th		10th		12th	
	Illinois	US[1]	Illinois	US[1]	Illinois	US[1]
Cigarettes - past 30 day	4.6%	4.9%	8.8%	10.8%	16.3%	17.1%
Smokeless (chewing) tobacco - past 30 day	2.5%	2.8%	5.0%	6.4%	8.4%	7.9%

[1] Data source for US estimates is Monitoring the Future (2012). For more information, see Appendix 9 – Monitoring the Future Methodology.

There were no statistically significant differences between Illinois and US (p <.05)

Cigarette and Other Tobacco-Related Contributing Factors

The **cigarette and other tobacco-related contributing factors** assessed in the IYS include:

- Perceived risk of harm associated with smoking one or more packs of cigarettes per day
- Personal disapproval of youth cigarette use
- Perceived peer attitudes (norms) associated with youth cigarette use (e.g., how "cool" they would be perceived by peers if they smoked cigarettes)
- Perceived parental disapproval of youth cigarette use
- Perceived community (adult) disapproval of cigarette use among youth their age
- Parental communication regarding their disapproval of youth tobacco use
- Perceived ease of access to cigarettes
- Access to different sources of cigarettes and other tobacco products (e.g., purchase at gas station)
- Use of fake ID to buy cigarettes or other tobacco products in the past year (added in 2012)

To identify the patterns and changes in tobacco-related contributing factors among Illinois youth, the following statistical comparisons were made:

- **2010 vs. 2012 IYS responses by grade** -- to determine changes in Illinois youth over time (excluding use of a fake ID since this question was not asked in 2010). Note that there are no 6th grade estimates available in 2012 due to the lack of 6th grade participation in Chicago (see Introduction section for more information).
- **2012 IYS responses between four different community types** across Illinois within: *1) City of Chicago, 2) Suburban Chicago Counties*, *3) Other Urban and Suburban Counties* not in the Chicago Metropolitan Area, and *4) Rural Counties* -- to determine if tobacco contributing factors vary by location. For more information about how these community types are defined and a list of areas included in each, refer to Appendix 10: Illinois Community Types. Community type estimates for 2012 are based on 8th, 10th and 12th grade IYS data and cannot be compared to 2010 estimates reported by community type (which included 6th grade youth).

Differences that reached statistical significance (at the $p<.05$ level) are noted with an asterisk (*) symbol. If $p<.05$, it means that there is only a very limited possibility (<5%) that the difference is due solely to chance (See Appendix 8: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **More 8th grade youth perceive that cigarette smoking is risky.** The percentage of 8th grade youth who report "great risk" associated with smoking one or more packs of cigarettes per day increased from 60.1% in 2010 to 68.9% in 2012.

- **Personal disapproval of cigarette smoking increased for 8th and 10th grade youth from 2010 to 2012.** Among 8th graders, the proportion that reported it is "wrong" or "very wrong" to smoke cigarettes increased from 86.7% to 89.4% and among 10th graders from 75.0% to 79.1%. There has been no change over time in reports of cigarette disapproval among 12th graders.

- **However, more high school youth perceive positive peer attitudes toward cigarette smoking in 2012 as compared to 2010.** The proportion that believe they would be seen as "cool" if they smoked cigarettes increased from 18.2% to 24.8% among 10th graders and from 16.4% to 21.6% among 12th graders. Findings from 8th grade youth did not mirror this change. This is the only contributing factor for tobacco use that changed unfavorably from 2010 to 2012 at any grade level.

- **More 8th and 10th grade youth believe that their parents would disapprove of them smoking cigarettes.** Youth reports of parent disapproval reached 97.5% and 96.1% for 8th and 10th grade respectively in 2012. There were no changes for parent disapproval of cigarette smoking among 12th grade youth, though a strong majority (86.7%) reported their parents would disapprove of them smoking.

- **More 8th grade youth believe that adults in their community disapprove of teen smoking.** More 8th graders (82.2% in 2010 vs. 86.6%in 2012) believe that adults in their community think it is "wrong" or "very wrong" for kids their age to smoke cigarettes. There was no change over time in perception of adult disapproval of teen smoking among high school students.

- **In 2012, 8th grade youth viewed cigarettes as being more difficult to access than in 2010.** The percentage of 8th grade youth who reported that cigarettes would be "sort of easy" or "very easy" to get decreased from 34.5% in 2010 to 27.4% in 2012.

- **At ages for which tobacco is clearly illegal to purchase, sources of access vary by grade.** Among 8th and 10th graders who have used any type of tobacco in the past year, the most common access point is through friends. Compared to 2010, fewer 10th graders accessed tobacco through vending machines, by stealing or taking tobacco without permission, and at home without their parents' knowledge. Less than 1% of 10th graders reported using a fake ID to buy tobacco in 2012.

- **Compared to 8th-12th grade youth from all other community types in Illinois, 8th-12th grade SUBURBAN CHICAGO youth:**
    - *are most likely to believe that "great risk" is associated with smoking one or more packs of cigarettes per day*

- **Compared to 8th-12th grade youth all other community types in Illinois, 8th-12th grade RURAL youth:**
    - *are least likely to say it is "wrong" or "very wrong" for youth their age to smoke cigarettes*
    - *are least likely to perceive that their parents would disapprove of their cigarette use*
    - *are most likely to report easy access to cigarettes*

- **Compared to 8th-12th grade youth from all other community types in Illinois, 8th-12th grade CHICAGO youth:**
    - *are least likely to access tobacco products by stealing or taking them without permission*
    - *are least likely to get tobacco products from home without their parents' knowledge*

Illinois Highlights – Figures and Tables

Figure 3.9 Believe "great risk" is associated with smoking 1 or more packs of cigarettes per day

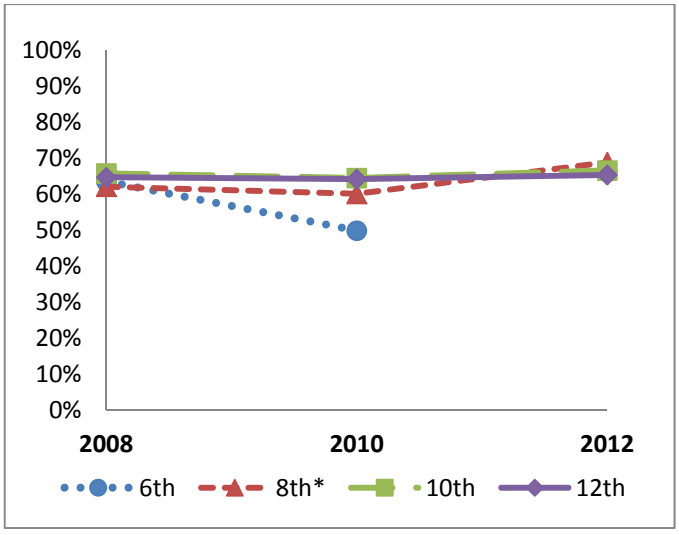


Figure 3.9 data:

	2008	2010	2012
6th	63.6%	49.9%	N/A
8th*	62.1%	60.1%	68.9%
10th	65.8%	64.5%	66.6%
12th	64.7%	64.2%	65.4%

* statistically significant change (p<.05) from 2010 to 2012

Figure 3.10 Believe that smoking cigarettes at their age would be “wrong” or “very wrong”

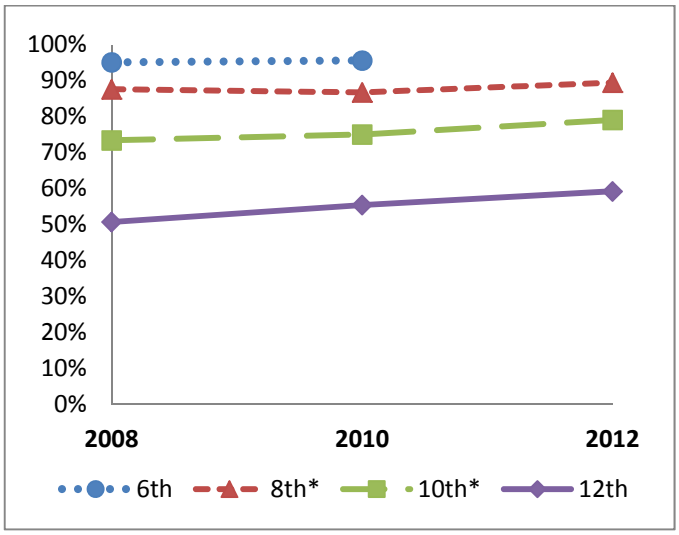


Figure 3.10 data:

	2008	2010	2012
6th	95.1%	95.6%	N/A
8th*	87.6%	86.7%	89.4%
10th*	73.4%	75.0%	79.1%
12th	50.7%	55.4%	59.2%

* statistically significant change (p<.05) from 2010 to 2012

Figure 3.11 Believe there is at least some chance that they would be thought of as "cool" if they smoked cigarettes

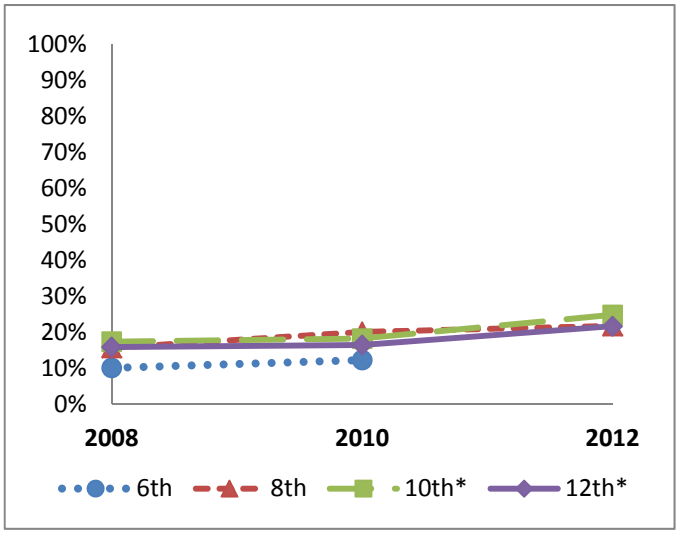


Figure 3.11 data:

	2008	2010	2012
6th	10.0%	12.2%	N/A
8th	15.6%	20.0%	21.7%
10th*	17.3%	18.2%	24.8%
12th*	15.8%	16.4%	21.6%

* statistically significant change (p<.05) from 2010 to 2012

Figure 3.12_ Believe their parents feel it would be "wrong" or "very wrong" for them to smoke cigarettes

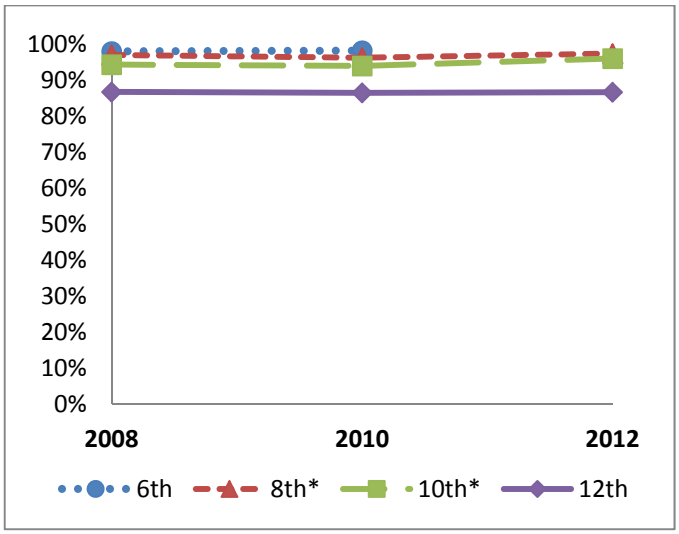


Figure 3.12 data:

	2008	2010	2012
6th	98.1%	98.3%	N/A
8th*	97.1%	96.3%	97.5%
10th*	94.4%	94.1%	96.1%
12th	86.8%	86.5%	86.7%

* statistically significant change (p<.05) from 2010 to 2012

Figure 3.13 Believe that most adults in their neighborhood think it is "wrong" or "very wrong" for kids their age to smoke cigarettes

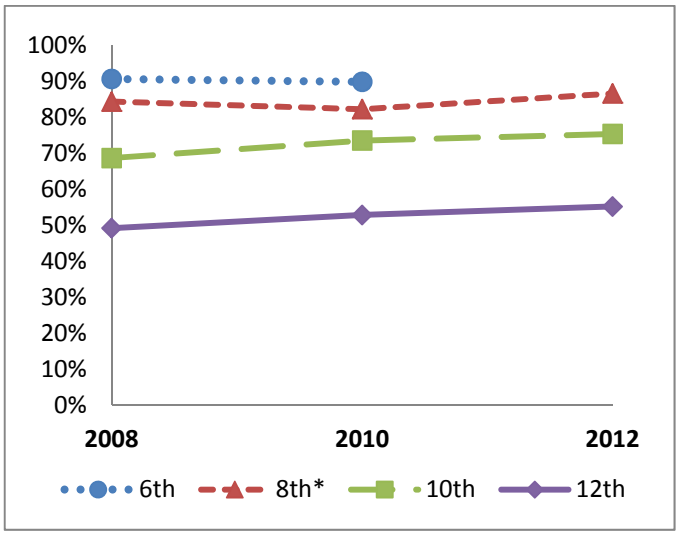


Figure 3.13 data:

	2008	2010	2012
6th	90.6%	89.8%	N/A
8th*	84.3%	82.2%	86.6%
10th	68.6%	73.5%	75.3%
12th	49.1%	52.8%	55.1%

* statistically significant change (p<.05) from 2010 to 2012

Figure 3.14 Believe that cigarettes would be easy to get if they wanted some

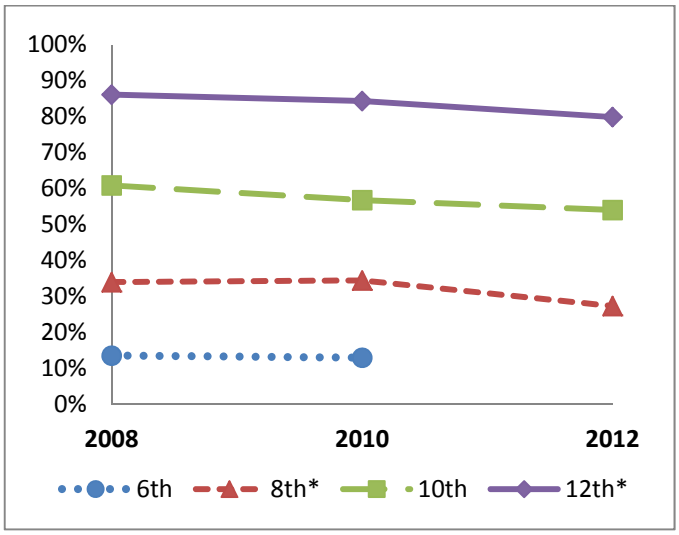


Figure 3.14 data:

	2008	2010	2012
6th	13.6%	13.0%	N/A
8th*	34.0%	34.5%	27.4%
10th	60.9%	56.8%	54.0%
12th*	86.1%	84.3%	79.9%

* statistically significant change (p<.05) from 2010 to 2012

Table 3.3 Sources of tobacco

Sources of Tobacco Access	Among Tobacco Users in the Past Year…		
	8th	10th	12th
Retail Purchase			
Any retail source	**23.6%**	**41.4%**	**76.4%**
Bought them at a gas station	17.3%	33.2%	73.1%
Bought them at the store	11.2%	23.1%	51.4%
Bought them from a vending machine	5.1%	1.9%	4.6%
Purchased using a fake ID	N/A	0.9%	0.8%
Parent Supply			
Got them from my parents WITH their permission	7.2%	9.6%	11.5%
Social Access			
Any social source (excluding parents)	**84.9%**	**88.5%**	**74.6%**
A friend gave them to me	80.9%	84.7%	70.9%
My older brother or sister gave them to me	22.7%	26.0%	19.3%
Gave a stranger money to buy them for me	38.5%	32.2%	15.0%
Accessed Without Permission			
Got them from my parents WITHOUT their permission	42.5%	27.1%	12.7%
Took them from a store	9.3%	6.7%	3.5%
Other Supply Source			
Bought them over the internet	2.1%	2.5%	2.0%

Note: Data is from IYS 2012

Table 3.4 Changes in sources of tobacco – Among 10th graders

Tobacco Access Points that Changed from 2010-2012*	Among 10th Grade Tobacco Users in the Past Year…		
	2008	2010	2012
Accessed without permission	32.5%	37.9%	29.2%
Got them from my parents WITHOUT their permission	29.4%	34.7%	27.1%
Bought them from a vending machine	5.2%	8.0%	1.9%

*Statistically significant change (p<.05) from 2010 to 2012

Table 3.5 Differences in tobacco-related contributing factors by Illinois community type, 8th-12th grade youth combined

Indicator	Suburban Chicago	Chicago	Other Urban and Suburban	Rural
Believe "great risk" associated with smoking 1 or more packs of cigarettes per day	72.0%* (highest)	58.9%	66.1%	63.2%
Believe it is "wrong" or "very wrong" for their peers to smoke cigarettes	77.7%	79.4%	74.1%	68.5%* (lowest)
Believe their parents feel it is "wrong" or "very wrong" for them to smoke cigarettes	94.2%	94.6%	93.9%	89.4%* (lowest)
Believe it would be "sort of" or "very easy" to get cigarettes if they wanted some	51.9%	51.8%	53.6%	61.0%* (highest)
Obtained tobacco by stealing or taking without permission (among tobacco users in the past year)	28.8%	13.1%* (lowest)	28.9%	24.5%
Got tobacco by taking it from home without my parents knowing it (among tobacco users in the past year)	25.7%	11.8%* (lowest)	26.8%	23.9%

Note: Data is from 2012 IYS; * indicates community type was different from all others (statistically significant at the p<.05 level)

National Estimates

No indicators in this section could be directly compared between IYS and national data as the Monitoring the Future survey does not contain parallel items. For more information about the Monitoring the Future Study, see Appendix 9.

More Information

To review summaries of youth responses to all tobacco-related consumption and contributing factor questions, refer to Appendix 3: Tobacco Data Comparison Tables including:

- 2012 IYS responses by grade level (8^{th}, 10^{th}, 12^{th})
- IYS 2008 and 2010 responses for 6^{th} grade
- IYS 2008, 2010 and 2012 responses by grade level (8^{th}, 10^{th}, 12^{th}) with statistical comparisons between 2010 and 2012
- Illinois 2012 and National 2012 comparisons by grade level (8^{th}, 10^{th}, 12^{th})
- 2012 IYS responses (combined grades 8^{th}-12^{th}) by four Illinois community types

Section 4 - Marijuana

Overview

This chapter of the 2012 IYS State Report provides information on marijuana consumption patterns and contributing factors for 8th, 10th, and 12th grade Illinois youth. It is useful to observe patterns of marijuana use in terms of most recent use (e.g., past year, past 30 days). Contributing factors are those attitudes, beliefs, and behaviors held by youth that increase or decrease the likelihood of marijuana use. Substance abuse literature sometimes refers to these as "risk and protective factors" or "intervening variables." Trends in marijuana-related contributing factors can indicate where to target prevention activities and can also reveal early signs of what might be ahead in future consumption patterns.

Marijuana Use

The reported **marijuana use patterns** assessed by the IYS include:

- Age of first marijuana use (reported in Section 1: Illinois Snapshot of Youth Substance Use)
- Past year marijuana use
- Past 30-day marijuana use
- Driving after using marijuana or other illegal drugs in the past year (10th & 12th grade only).

To identify the patterns and changes in marijuana use among Illinois youth, the following statistical comparisons were made:

- **2010 vs. 2012 IYS responses by grade --** to determine changes in Illinois youth over time. Note that there are no 6th grade estimates available in 2012 due to the lack of 6th grade participation in Chicago (see Introduction section for more information).
- **2012 IYS responses vs. national estimates** from the Monitoring the Future Study -- to determine how Illinois youth compare with national youth. See Appendix 9: Monitoring the Future Methodology for more information about this national study.
- **2012 IYS responses between four different community types** across Illinois: *1) City of Chicago, 2) Suburban Chicago Counties*, *3) Other Urban and Suburban Counties* not in the Chicago Metropolitan Area, and *4) Rural Counties* -- to determine if marijuana use varies by location. For more information about how these community types are defined and a list of areas included in each, refer to Appendix 10: Illinois Community Types. Community type estimates for 2012 are based on 8th, 10th and 12th grade IYS data and cannot be compared to 2010 estimates reported by community type (which included 6th grade youth).

Differences that reached statistical significance (at the $p<.05$ level) are noted with an asterisk (*) symbol. If $p<.05$, it means that there is only a very limited possibility (<5%) that the difference is due solely to chance (See Appendix 8: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Rates of past year and past 30 day marijuana use remain steady from 2010 to 2012 for 8th, 10th and 12th grade youth.** Use of marijuana in the past year was reported by 13.4% of 8th graders, 28.8% of 10th graders, and 38.5% of 12th graders. Past 30 day prevalence was 8.5%, 19.8%, and 26.8% for 8th, 10th and 12th grades respectively. No changes between 2010 and 2012 were observed at any grade level. Additionally, there were no statistically significant differences in estimates of marijuana use between Illinois and national youth.

- **Marijuana use does not differ between youth living in different types of communities.** No differences were observed when estimates of marijuana use were compared between 8th-12th grade youth living in varying types of communities throughout Illinois.

- **More 10th grade youth are driving after using marijuana or other illegal drugs.** Compared to 10th grade youth in 2010, more 10th graders in 2012 reported driving a car after using marijuana or other illegal drugs during the past year (8.5% in 2010 vs. 10.9% in 2012). The prevalence of driving after using marijuana or other illegal drugs remained steady for 12th grade youth. No differences were observed between youth in varying types of communities throughout Illinois.

Illinois Highlights – Figures and Tables

Figure 4.1 Marijuana – Used at least once in the past year

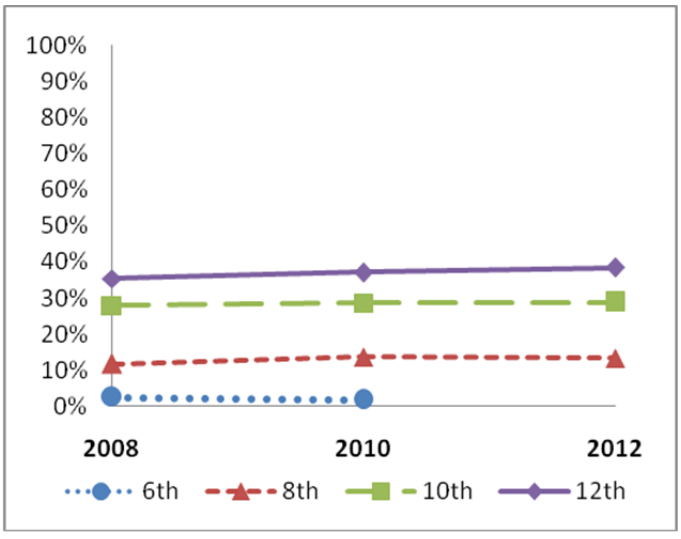


Figure 4.1 data:

	2008	2010	2012
6th	2.5%	1.8%	N/A
8th	11.7%	13.8%	13.4%
10th	27.9%	28.7%	28.8%
12th	35.4%	37.1%	38.5%

No change was statistically significant ($p<.05$) for any grade from 2010 to 2012.

Figure 4.2 Marijuana – Used at least once in the past 30 days

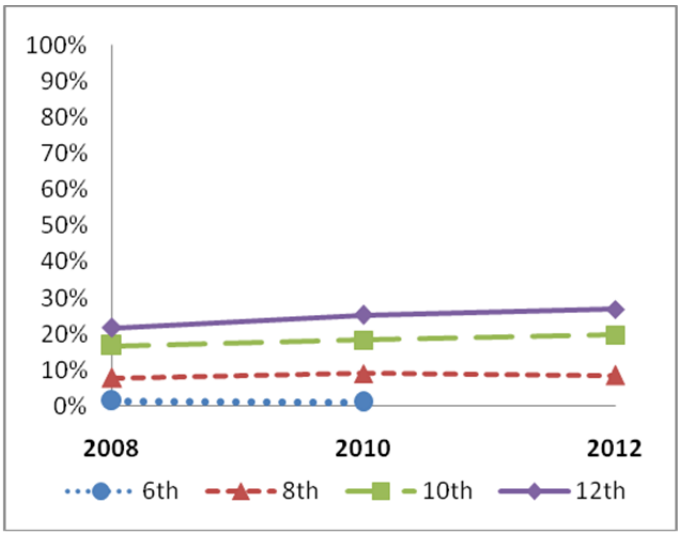


Figure 4.2 data:

	2008	2010	2012
6th	1.4%	1.0%	N/A
8th	7.8%	9.1%	8.5%
10th	16.7%	18.3%	19.8%
12th	21.8%	25.3%	26.8%

No change was statistically significant (p<.05) for any grade from 2010 to 2012.

Figure 4.3 Driving after using marijuana or other illegal drugs - At least once in the past year

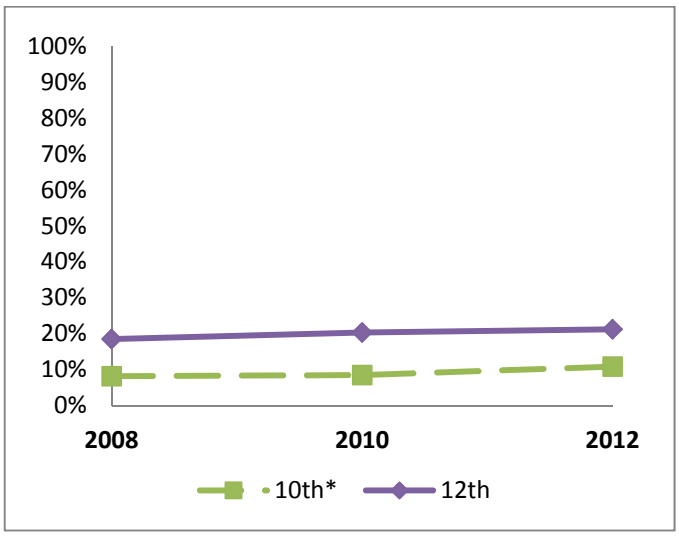


Figure 4.3 data:

	2008	2010	2012
10th*	8.2%	8.5%	10.9%
12th	18.5%	20.3%	21.2%

* statistically significant change (p<.05) from 2010 to 2012

National Estimates

Table 4.1 National vs. Illinois estimates for marijuana use, 8th -12th grade

	8th		10th		12th	
	Illinois	US[1]	Illinois	US[1]	Illinois	US[1]
Marijuana - past year	13.4%	11.4%	28.8%	28.0%	38.5%	36.4%
Marijuana - past 30 day	8.5%	6.5%	19.8%	17.0%	26.8%	22.9%

[1] Data source for US estimates is Monitoring the Future (2012). For more information, see Appendix 9 – Monitoring the Future Methodology.
There were no statistically significant differences between Illinois and US (p <.05)

Marijuana-Related Contributing Factors

The **marijuana-related contributing factors** assessed in the IYS include:

- Perceived risk of harm associated with smoking marijuana once or twice per week
- Perceived risk of harm associated with smoking marijuana regularly
- Personal disapproval of youth marijuana use
- Perceived peer attitudes (norms) associated with youth marijuana use (e.g., how "cool" they would be perceived by peers if they used marijuana)
- Perceived parental disapproval of youth marijuana use
- Perceived community (adult) disapproval of marijuana use among youth their age
- Parental communication (past year) regarding their disapproval of youth marijuana and other illegal drug use
- Perceived ease of access to marijuana

To identify the patterns and changes in marijuana-related contributing factors among Illinois youth, the following statistical comparisons were made:

- **2010 vs. 2012 IYS responses by grade**-- to determine changes in Illinois youth over time. Note that there are no 6th grade estimates available in 2012 due to the lack of 6th grade participation in Chicago (see Introduction section for more information).
- **2012 IYS responses between four different community types** across Illinois within: *1) City of Chicago, 2) Suburban Chicago Counties*, *3) Other Urban and Suburban Counties* not in the Chicago Metropolitan Area, and *4) Rural Counties* -- to determine if marijuana contributing factors vary by location. For more information about how these community types are defined and a list of areas included in each, refer to Appendix 10: Illinois Community Types. Community type estimates for 2012 are based on 8th, 10th and 12th grade IYS data and cannot be compared to 2010 estimates reported by community type (which included 6th grade youth).

Differences that reached statistical significance (at the $p<.05$ level) are noted with an asterisk (*) symbol. If $p<.05$, it means that there is only a very limited possibility (<5%) that the difference is due solely to chance (See Appendix 8: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Perceived harm associated with smoking marijuana regularly is holding steady.** Despite a past concerning trend in which high school youth perceived regular marijuana use as less risky from 2008 to 2010, no further decays were observed in perceived risk at any grade level from 2010 to 2012.

- **However, perceptions of favorable peer marijuana attitudes are increasing.** The proportion of 8th, 10th and 12th graders that believe they would be seen as "cool" if they used marijuana increased to 32.9%, 45.0% and 42.0% in 2012, up from 25.7%, 32.2% and 31% in 2010.

- **More 8th graders believe their parents disapprove of marijuana use.** An encouraging trend is that 8th graders are more likely to believe that their parents feel it would be "wrong" or "very wrong" for children to use marijuana in 2012 (97.2%) compared to 2010 (95.9%).

- **More 8thand 10thgrade youth report their parents talk to them about not using marijuana and other illegal drugs.** This is a positive emerging trend for 8thand 10thgrade youth. The proportion of youth that said their parents talked to them about not using marijuana increased to 59.7% for 8th graders (up from 55.2%) and to 55.4% for 10th graders (up from 50.9%). Parental communication about marijuana use and other illegal drugs remained steady for 12th graders.

- **Compared to 8th-12th grade youth from all other community types in Illinois, CHICAGO 8th-12th grade youth:**

  - *are most likely to believe it is "cool" to smoke marijuana*
  - *are most likely to report that their parents talked to them about not using marijuana or other illegal drugs*

- **Compared to 8th-12th grade youth from all other community types in Illinois, RURAL 8th-12th grade youth:**

  - *Are most likely to report that there is "great risk" associated with smoking marijuana once or twice a week.*

Illinois Highlights – Figures and Tables

Figure 4.4 Believe that they would be seen as "cool" if they used marijuana

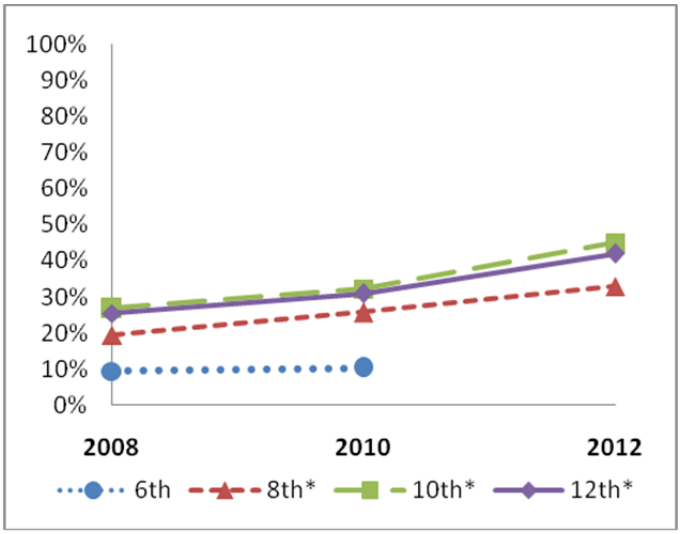


Figure 4.4 data:

	2008	2010	2012
6th	9.4%	10.4%	N/A
8th*	19.4%	25.7%	32.9%
10th*	26.8%	32.2%	45.0%
12th*	25.4%	31.0%	42.0%

* statistically significant change (p<.05) from 2010 to 2012

Figure 4.5 Believe that their parents would feel youth use of marijuana would be "wrong" or "very wrong"

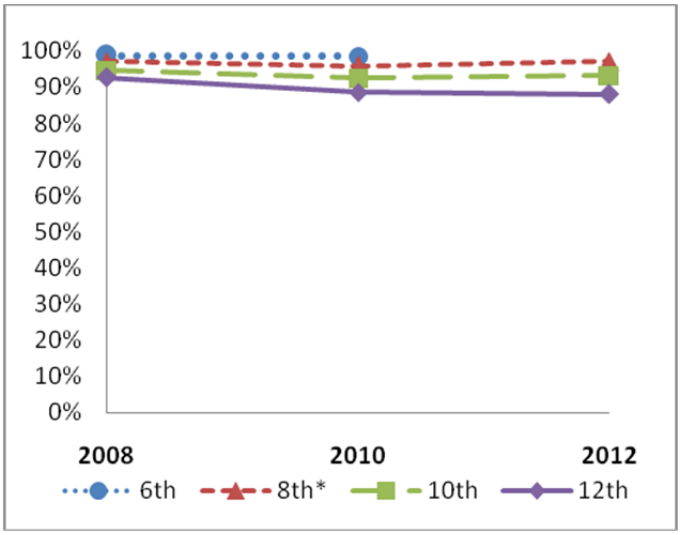


Figure 4.5 data:

	2008	2010	2012
6th	98.7%	98.6%	N/A
8th*	97.1%	95.9%	97.2%
10th	94.6%	92.5%	93.2%
12th	92.7%	88.7%	88.0%

* statistically significant change (p<.05) from 2010 to 2012

Figure 4.6 Report that in the past year their parents have talked to them about not using marijuana and other illegal drugs

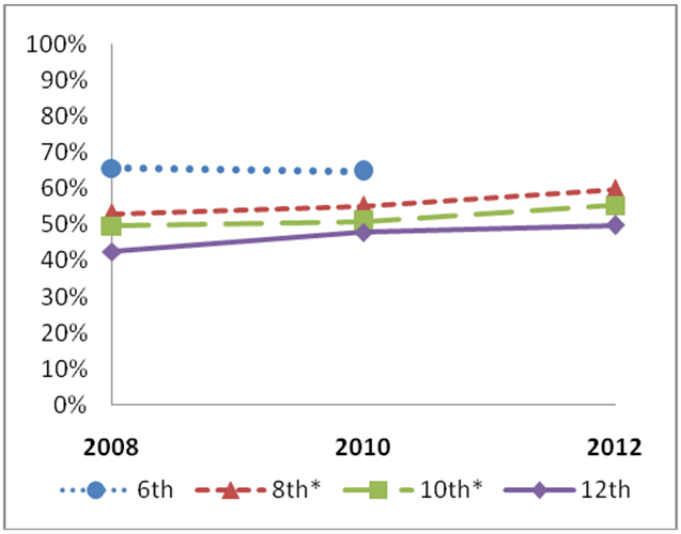


Figure 4.6 data:

	2008	2010	2012
6th	65.6%	64.7%	N/A
8th*	53.1%	55.2%	59.7%
10th*	49.6%	50.9%	55.4%
12th	42.6%	47.9%	49.9%

* statistically significant change (p<.05) from 2010 to 2012

Table 4.2 Differences in marijuana-related contributing factors by Illinois community type

Indicator	Suburban Chicago	Chicago	Other Urban and Suburban	Rural
Believe "great risk" associated with smoking marijuana once or twice a week	32.2%	27.2%	33.1%	41.8%* (highest)
Believe that they would be seen as "cool" if they used marijuana	39.8%	47.5%* (highest)	35.1%	33.8%
Parents have talked to them about not using marijuana and other illegal drugs in the past year	53.9%	61.3%* (highest)	53.6%	50.7%

Note: Data is from 2012 IYS; * indicates community type was different from all others (statistically significant at the p<.05 level)

National Estimates

No indicators in this section could be compared between IYS and national data as the Monitoring the Future survey does not contain parallel items. For more information about the Monitoring the Future Study, see Appendix 9.

More Information

To review summaries of youth responses to all marijuana-related consumption and contributing factor questions, refer to Appendix 4: Marijuana Data Comparison Tables including:

- 2012 IYS responses by grade level (8^{th}, 10^{th}, 12^{th})
- IYS 2008 and 2010 responses for 6^{th} grade
- IYS 2008, 2010 and IYS 2012 responses by grade level (8^{th}, 10^{th}, 12^{th}) with statistical comparisons between 2010 and 2012
- Illinois 2012 and National 2012 comparisons by grade level (8^{th}, 10^{th}, 12^{th})
- 2012 IYS responses (combined grades) by four Illinois community types

Section 5 - Inhalants

Overview

This chapter of the 2012 IYS State Report provides information on inhalant consumption patterns and contributing factors for 8th, 10th, and 12th grade Illinois youth. It is useful to observe patterns of inhalant use in terms of most recent use (e.g., past year, past 30 days). Contributing factors are those attitudes, beliefs, and behaviors held by youth that increase or decrease the likelihood of inhalant use. Substance abuse literature sometimes refers to these as "risk and protective factors" or "intervening variables." Trends in contributing factors can show us where to target prevention activities and can also reveal early signs of what might be ahead in future consumption patterns.

Inhalant Use

The reported **inhalant use patterns** assessed in the IYS include:

- Inhalant use in the past year.
- Inhalant use in the past 30 days.

To identify the patterns and changes in inhalant use among Illinois youth, the following statistical comparisons were made:

- **2010 vs. 2012 IYS responses by grade--**to determine changes in Illinois youth over time. Note that there are no 6th grade estimates available in 2012 due to the lack of 6th grade participation in Chicago (see Introduction section for more information).
- **2012 IYS responses vs. national estimates** from the Monitoring the Future Study -- to determine how Illinois youth compare with national youth. See Appendix 9: Monitoring the Future Methodology for more information about this national study.
- **2012 IYS responses between four different community types** across Illinois within: *1)City of Chicago,2)Suburban Chicago Counties*, *3)Other Urban and Suburban Counties* not in the Chicago Metropolitan Area, and *4)Rural Counties* -- to determine if inhalant use varies by location. For more information about how these community types are defined and a list of areas included in each, refer to Appendix 10: Illinois Community Types. Community type estimates for 2012 are based on 8^{th}, 10^{th} and 12^{th} grade IYS data and cannot be compared to 2010 estimates reported by community type (which included 6^{th} grade youth).

Differences that reached statistical significance (at the $p<.05$ level) are noted with an asterisk (*) symbol. If $p<.05$, it means that there is only a very limited possibility (<5%) that the difference is due solely to chance (See Appendix 8: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Past year and past 30-day inhalant use is down among 8th, 10th, and 12th grade youth, reaching the lowest levels since 2008 for all three grades.** This is a positive emerging trend for 8th and 10th grade and a positive reversal of the previous trend for12th grade youth.

- **Illinois 10th graders are less likely to use inhalants and Illinois 12th graders are more likely to use inhalants than their national counterparts.** Past year inhalant use was lower for 10th grade youth in Illinois compared to national estimates (2.7% vs. 4.1% respectively). Unfortunately, past 30 day inhalant use among 12th graders in Illinois was higher than national estimates (2.0% vs. 0.9%).

- **Inhalant use does not vary by location.** There were no differences in inhalant use patterns between youth from the four different Illinois community types.

Illinois Highlights – Figures and Tables

Figure 5.1 Inhalants –Used at least once in the past year

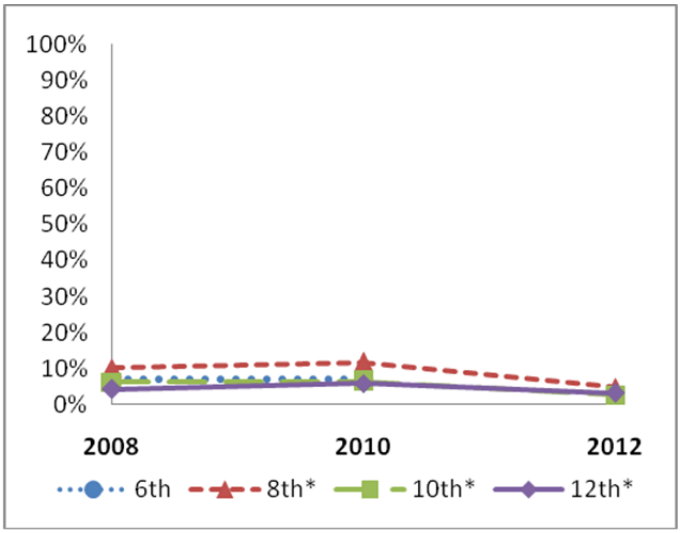


Figure 5.1 data:

	2008	2010	2012
6th	6.9%	7.0%	N/A
8th*	10.2%	11.8%	4.8%
10th*	6.2%	6.5%	2.7%
12th*	4.2%	5.9%	3.2%

* statistically significant change (p<.05) from 2010 to 2012

Figure 5.2 Inhalants – Used at least once in the past 30 days

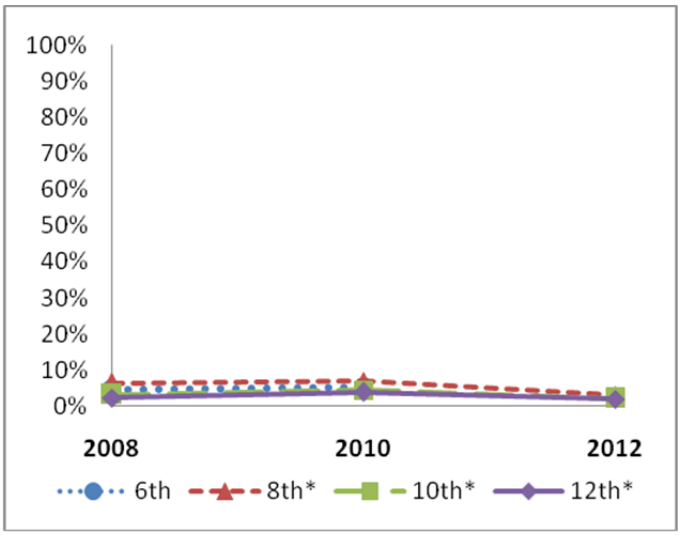


Figure 5.2 data:

	2008	2010	2012
6th	4.4%	5.1%	N/A
8th*	6.5%	7.0%	3.0%
10th*	3.3%	4.5%	2.2%
12th*	2.3%	4.0%	2.0%

* statistically significant change (p<.05) from 2010 to 2012

National Estimates

Table 5.1 National vs. Illinois estimates for inhalant use, 8th -12th grade

	8th		10th		12th	
	Illinois	US[1]	Illinois	US[1]	Illinois	US[1]
Inhalants - past year	4.8%	6.2%	2.7%	4.1%*	3.2%	2.9%
Inhalants - past 30 day	3.0%	2.7%	2.2%	1.4%	2.0%	0.9%*

[1] Data source for US estimates is Monitoring the Future (2012). For more information, see Appendix 9 – Monitoring the Future Methodology.

* Statistically significant difference between Illinois and US (p <.05)

Inhalant-Related Contributing Factors

The only **inhalant-related contributing factor** assessed in the IYS is:

- Perceived risk of harm associated with regular inhalant use.

To identify the patterns and changes in this inhalant-related contributing factor among Illinois youth, the following statistical comparisons were made:

- **2010 vs. 2012 IYS responses by grade**-- to determine changes in Illinois youth over time. Note that there are no 6th grade estimates available in 2012 due to the lack of 6th grade participation in Chicago (see Introduction section for more information).
- **2012 IYS responses between four different community types** across Illinois within: *1) City of Chicago, 2) Suburban Chicago Counties*, *3) Other Urban and Suburban Counties* not in the Chicago Metropolitan Area, and *4) Rural Counties* -- to determine if inhalant contributing factors vary by location. For more information about how these community types are defined and a list of areas included in each, refer to Appendix 10: Illinois Community Types. Community type estimates for 2012 are based on 8th, 10th and 12th grade IYS data and cannot be compared to 2010 estimates reported by community type (which included 6th grade youth).

Differences that reached statistical significance (at the p<.05 level) are noted with an asterisk (*) symbol. If p<.05, it means that there is only a very limited possibility (<5%) that the difference is due solely to chance (See Appendix 8: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **In 2012, the perception of "great risk" associated with regular inhalant use remains at 2010 levels for youth at all ages**. No change is observed in perceptions of risks associated with using inhalants. In addition, similar proportions of youth across grade levels (66.0% - 69.6%) perceive "great risk" is associated with regular inhalant use.

- **Compared to 8th – 12th grade youth from all other community types in Illinois, RURAL 8th – 12th grade youth:**

    - *perceive highest risk associated with regular inhalant use*

- **Compared to 8th 12th grade youth from all other community types in Illinois, CHICAGO 8th- 12th grade youth:**

    - *perceive lowest risk associated with regular inhalant use*

Illinois Highlights – Figures and Tables

Table 5.2 Differences in inhalant-related contributing factors by Illinois community type

Indicator	Suburban Chicago	Chicago	Other Urban and Suburban	Rural
Believe "great risk" associated with using inhalants regularly	71.2%	52.0%* (lowest)	70.7%	76.7%* (highest)

Note: Data is from IYS 2012; * indicates community type was different from all others (statistically significant at the p<.05 level)

National Estimates

No indicators in this section could be compared between IYS and national data as the Monitoring the Future survey does not contain parallel items. For more information about the Monitoring the Future Study, see Appendix 9.

More Information

To review summaries of youth responses to all inhalant-related consumption and contributing factor questions, refer to Appendix 5: Inhalant Data Comparison Tables including:

- 2012 IYS responses by grade level (8^{th}, 10^{th}, 12^{th})
- IYS 2008 and 2010 responses for 6^{th} grade
- IYS 2008, 2010 and IYS 2012 responses by grade level (8^{th}, 10^{th}, 12^{th}) with statistical comparisons between 2010 and 2012
- Illinois 2012 and National 2012 comparisons by grade level (8^{th}, 10^{th}, 12^{th})
- 2012 IYS responses (combined grades) by four Illinois community types

Section 6 - Prescription and Over the Counter Drugs

Overview

This section of the 2012 IYS State Report provides consumption information about the misuse of prescription drugs and over-the-counter (OTC) drugs. Findings from surveys of 8th, 10th, and 12th grade Illinois youth are presented. Due to changes in question wording, many prescription drug indicators cannot be compared from 2010 to 2012. The prescription drug question wording was adjusted to bring the Illinois Youth Survey in line with SAMHSA's Drug Free Communities grant reporting requirements at the time of 2012 survey printing.

Prescription and OTC Drug Misuse

The **prescription and OTC drug use patterns** assessed by the IYS include**:**

- Steroid use without a prescription in the past year.
- Over the counter drugs (OTC) bought in a store to get high (e.g., cough syrup, etc.) in the past year.
- Over the counter drugs (OTC) bought in a store to get high in the past 30 days.
- Prescription painkillers to get high (e.g., Oxycontin, Vicodin, Lortab, etc.) in the past year.
- Prescription painkillers to get high (e.g., Oxycontin, Vicodin, Lortab, etc.) in the past 30 days.
- Other prescription drugs to get high (e.g., Ritalin, Adderall, Xanax, etc.) in the past year.
- Other prescription drugs to get high (e.g., Ritalin, Adderall, Xanax, etc.) in the past 30 days.

To identify the patterns and changes in prescription and OTC drug use among Illinois youth, the following statistical comparisons were made:

- **2010 vs. 2012 IYS responses by grade --** to determine changes in Illinois youth over time. Note that there are no 6th grade estimates available in 2012 due to the lack of 6th grade participation in Chicago (see Introduction section for more information).Because all of the prescription drug misuse questions were modified in the 2012 survey, only steroid use can be compared overtime.
- **2012 IYS responses vs. national estimates** from the Monitoring the Future Study-- to determine how Illinois youth compare with national youth. *Note that, due to differences between the IYS and MTF questions related prescription drug use, only past year steroid use can be compared between Illinois and national estimates.* See Appendix 9: Monitoring the Future Survey Methodology for more information about this national study.
- **2012 IYS responses between four different community types** across Illinois within: *1) City of Chicago, 2) Suburban Chicago Counties*, *3) Other Urban and Suburban Counties* not in the Chicago Metropolitan Area, and *4) Rural Counties* -- to determine if prescription and OTC drug misuse varies by location. For more information about how these community types are defined and a list of areas included in each, refer to Appendix 10: Illinois Community Types. Community type estimates for 2012 are based on 8th, 10th and 12th grade IYS data and cannot be compared to 2010 estimates reported by community type (which included 6th grade youth).

Differences that reached statistical significance (at the $p<.05$ level) are noted with an asterisk (*) symbol. If $p<.05$, it means that there is only a very limited possibility (<5%) that the difference is due solely to chance (See Appendix 8: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Steroid use in Illinois remains low and is similar to national estimates for 8th, 10th, and 12th grades.** The prevalence of steroid use in Illinois was at or below 1.3% for youth in the three grade levels reported in 2012.

- **Use of steroids without a doctor's prescription is higher among 10th grade youth in 2012 than in 2010.** Among 10th grade youth, steroid use without a prescription increased from 0.6% in 2010 to 1.2% in 2012. Steroids use remained consistently low among 8th and 12th grade youth in Illinois.

- **Use of prescription painkillers, other prescription drugs, and over-the-counter (OTC) drugs are low among 8th, 10th, and 12th grade Illinois youth.** Past year use rate for any prescription drug (painkillers or other prescription drugs) was at or below 8.1% for all three grade levels. Past year OTC drug use was at or below 4.7% for all three grade levels. Because prescription drug questions were new in 2012, there are no comparisons reported between 2012 and 2010.

- **Compared to 8th-12th grade youth from all other community types in Illinois, CHICAGO 8th-12th grade youth:**

    - *are least likely to use prescription painkillers to get high in the past year*
    - *are least likely to use other prescription drugs to get high (e.g., Ritalin, Adderall, Xanax, etc.) in the past year*
    - *are least likely to use <u>any</u> prescription drugs to get high in the past year*

Illinois Highlights – Figures and Tables

Figure 6.1 Steroids without a prescription – Used at least once in the past year

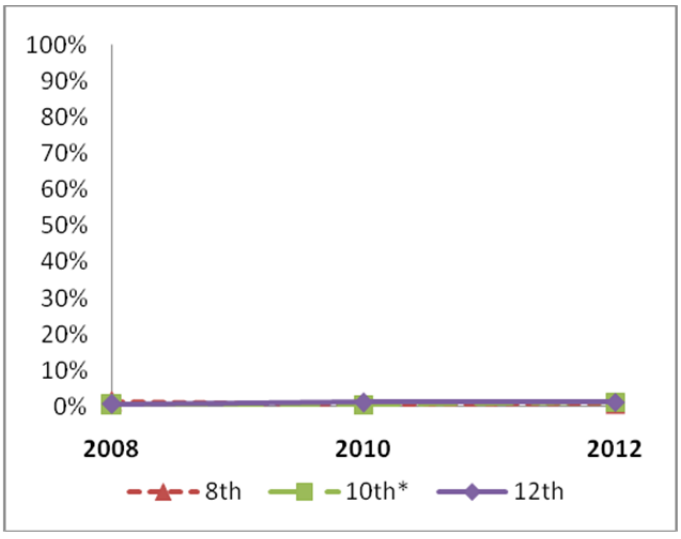


Figure 6.1 data:

	2008	2010	2012
6th	N/A	N/A	N/A
8th	1.4%	0.6%	0.9%
10th*	0.4%	0.6%	1.2%
12th	0.8%	1.2%	1.3%

* statistically significant change (p<.05) from 2010 to 2012

Note: This graph contains usage data for 8th, 10th, and 12th grades. Usage for all three grades is very low, and nearly identical, such that all trend lines appear identical.

Table 6.1 Use of prescription and over-the-counter (OTC) drugs to get high

2012	Grades Surveyed		
	8th	10th	12th
Past Year Use			
Any Prescription Drugs	3.1%	5.7%	8.1%
Prescription Painkillers (e.g., Oxycontin, Vicodin, Lortab, etc.)	1.8%	4.4%	5.9%
Other Prescription Drugs (e.g., Ritalin, Adderall, Xanax, etc.)	1.8%	3.7%	6.0%
Over-the-Counter Drugs (e.g., cough syrup, etc.)	2.6%	3.7%	4.7%
Past 30 Day Use			
Any Prescription Drugs	1.5%	3.7%	5.5%
Prescription Painkillers (e.g., Oxycontin, Vicodin, Lortab, etc.)	1.1%	2.8%	3.7%
Other Prescription Drugs (e.g., Ritalin, Adderall, Xanax, etc.)	1.1%	2.4%	3.9%
Over-the-Counter Drugs (e.g., cough syrup, etc.)	1.1%	2.5%	1.8%

Note: Data is from IYS 2012

Table 6.2 Differences in use of prescription drugs to get high by community type

Indicator	Suburban Chicago	Chicago	Other Urban and Suburban	Rural
Used other prescription painkillers to get high in the past year (like Oxycontin, Vicodin, Lortab, or others)	4.2%	1.5%* (lowest)	4.8%	6.3%
Used other prescription drugs to get high in the past year (like Ritalin, Adderall, or Xanax)	4.1%	1.4%* (lowest)	4.7%	6.0%
Used any prescription drugs to get high in the past year	6.2%	1.9%* (lowest)	6.5%	9.0%

Note: Data is from IYS 2012* indicates community type was different from all others (statistically significant at the p<.05 level)

National Estimates

Table 6.3 National vs. Illinois estimates for steroid use, 8th -12th grade

	8th		10th		12th	
	Illinois	US[1]	Illinois	US[1]	Illinois	US[1]
Steroid use (without a doctor's prescription) - past year	0.9%	0.6%	1.2%	0.8%	1.3%	1.3%

[1] Data source for US estimates is Monitoring the Future (2012). For more information, see Appendix 9 – Monitoring the Future Methodology.
There were no statistically significant differences between Illinois and US ($p < .05$).

More Information

To review summaries of youth responses to all prescription and OTC-related consumption and contributing factor questions, refer to Appendix 6: Prescription and OTC Drugs Data Comparison Tables including:

- 2012 IYS responses by grade level (8^{th}, 10^{th}, 12^{th})
- IYS 2008, 2010 and IYS 2012 responses by grade level (8^{th}, 10^{th}, 12^{th}) with statistical comparisons between 2010 and 2012
- Illinois 2012 and National 2012 comparisons by grade level (8^{th}, 10^{th}, 12^{th})
- 2012 IYS responses (combined grades) by four Illinois community types

Section 7 - Illicit Drugs

Overview

This section of the 2012 IYS State Report provides information about other illicit drug (MDMA - "Ecstasy," LSD/psychedelics, cocaine, methamphetamines, and heroin) consumption patterns and contributing factors for 8th, 10th, and 12th grade Illinois youth. Marijuana is not reported as an illicit drug in this section because consumption patterns are fully covered in Section 4. Contributing factors are those attitudes, beliefs, and behaviors held by youth that increase or decrease the likelihood of other illicit drug use. Substance abuse literature sometimes refers to these as "risk and protective factors" or "intervening variables." Trends in illicit drug-related contributing factors can indicate where to target prevention activities and can also reveal early signs of what might be ahead in future consumption patterns.

Illicit Drug Use

The reported **illicit drug use patterns** in this section include:

- Methamphetamine (meth) use in the past year.
- MDMA -"Ecstasy" use in the past year.
- LSD or other psychedelic use in the past year.
- Cocaine or crack use in the past year.
- Heroin use in the past year.

To identify the patterns and changes in illicit drug use among Illinois youth, the following statistical comparisons were made:

- **2010 vs. 2012 IYS responses by grade** --to determine changes in Illinois youth over time. The IYS for 6th graders does not include questions about use of these types of drugs.
- **2012 IYS responses vs. national estimates** from the Monitoring the Future Study-- to determine how Illinois youth compare with national youth. See Appendix 9: Monitoring the Future Methodology for more information about this national study.
- **2010 IYS responses between four different community types** across Illinois within: *1)City of Chicago,2)Suburban Chicago Counties*, *3)Other Urban and Suburban Counties* not in the Chicago Metropolitan Area, and *4)Rural Counties* -- to determine if illicit drug use varies by location. For more information about how these community types are defined and a list of areas included in each, refer to Appendix 10: Illinois Community Types.

Differences that reached statistical significance (at the $p<.05$ level) are noted with an asterisk (*) symbol. If $p<.05$, it means that there is only a very limited possibility (<5%) that the difference is due solely to chance (See Appendix 8: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Use of MDMA -"Ecstasy," LSD/psychedelics, cocaine/crack, meth, and heroin is low.** Fewer than 6% of youth at any grade level reported using any illicit drug (excluding marijuana) in the past year. Among all reported illicit drugs, MDMA ("Ecstasy") is the most frequently used illicit drug, followed by LSD, and cocaine. Heroin and meth are the least frequently used illicit drugs among Illinois youth.

- **Use of LSD/psychedelics, heroin, and meth remains steady from 2010 to 2012 among 8th, 10th and 12th grade youth, and is reported at similar levels compared to national rates.** There were no changes from 2010 to 2012 in past year use LSD/ psychedelics, meth, and heroin among Illinois youth. Past year prevalence of meth and heroin were also the same as national averages for all three grade levels. National rates are reported separately for LSD from other psychedelics, while the IYS combines LSD/ psychedelic use into one question. Therefore, Illinois and national use rates for LSD use cannot be compared.

- **Compared to 2010, MDMA -"Ecstasy" and cocaine/crack use is lower among 10th graders in 2012 and mirrors national averages.** Among 10th grade youth, MDMA ("Ecstasy") decreased from 3.4% to 2.3%. Cocaine use among 10th graders also decreased from 2.8% to 1.3%. Use of MDMA -"Ecstasy" and cocaine among 10th graders remains low and is similar to national estimates.

- **Use of <u>any</u> illicit drugs (including MDMA- "Ecstasy," LSD/psychedelics, cocaine/crack, meth, and heroin) decreases among 8th and 10th grade youth.** The drop in use of <u>any</u> illicit drug dropped from 3.8% in 2010 to 2.3% in 2012 among 8th graders, and from 6.1% to 3.4% among 10th graders. The use of any illicit drug remained unchanged in 2012 for high school seniors.

- **Illicit drug use does not vary by location.** There were no differences in past year illicit drug use consumption patterns between youth from the four different community types.

Illinois Highlights – Figures and Tables

Figure 7.1 Methamphetamine - Used at least once in past year

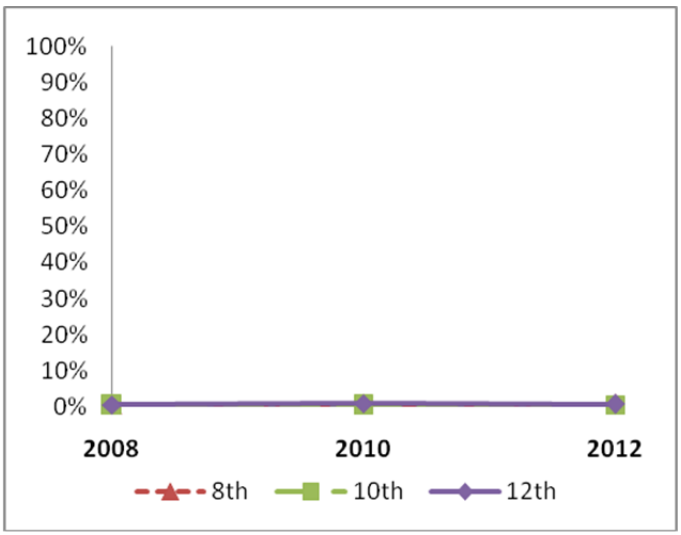


Figure 7.1 data:

	2008	2010	2012
8th	0.5%	0.7%	0.7%
10th	0.3%	0.4%	0.6%
12th	0.5%	1.0%	0.8%

No change was statistically significant (p<.05) for any grade from 2010 to 2012.

Note: This graph contains usage data for 8th, 10th, and 12th grades. Usage for all three grades is very low, and nearly identical, such that all trend lines appear identical.

Figure 7.2 MDMA ("Ecstasy") - Used at least once in past year

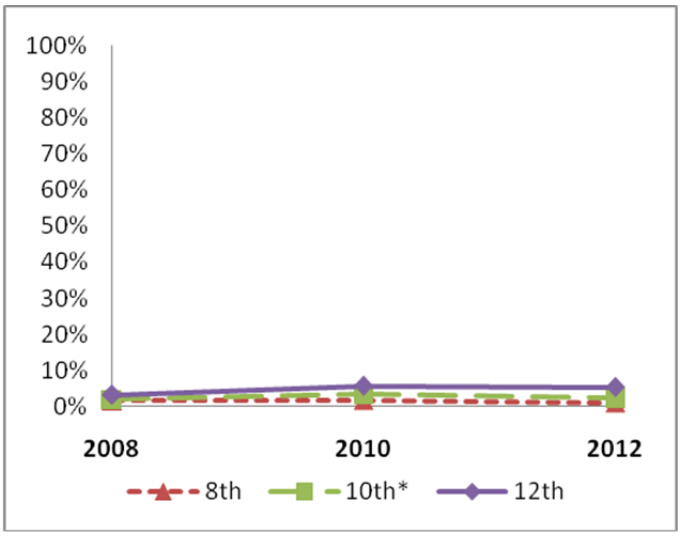


Figure 7.2 data:

	2008	2010	2012
8th	1.6%	1.8%	1.2%
10th*	2.0%	3.4%	2.3%
12th	3.3%	5.8%	5.3%

* statistically significant change (p<.05) from 2010 to 2012

Figure 7.3_ LSD/psychedelics - Used at least once in past year

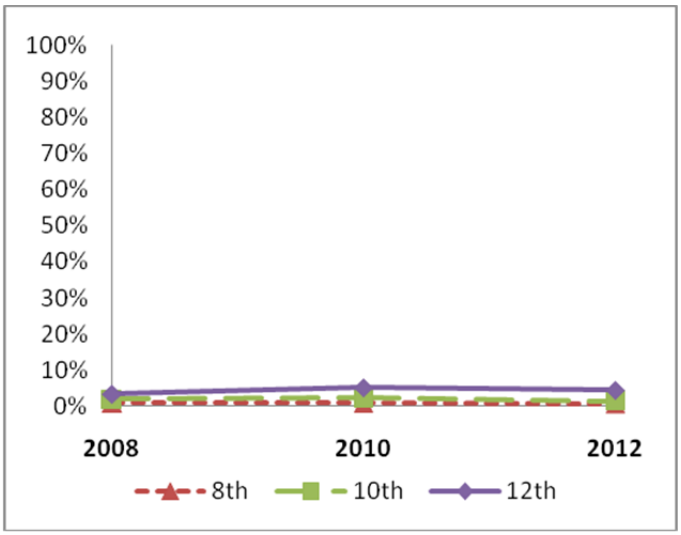


Figure 7.3 data:

	2008	2010	2012
8th	0.9%	0.9%	0.7%
10th	2.0%	2.3%	1.5%
12th	3.4%	5.1%	4.4%

No change was statistically significant (p<.05) for any grade from 2010 to 2012.

Figure 7.4 Cocaine/crack- Used at least once in past year

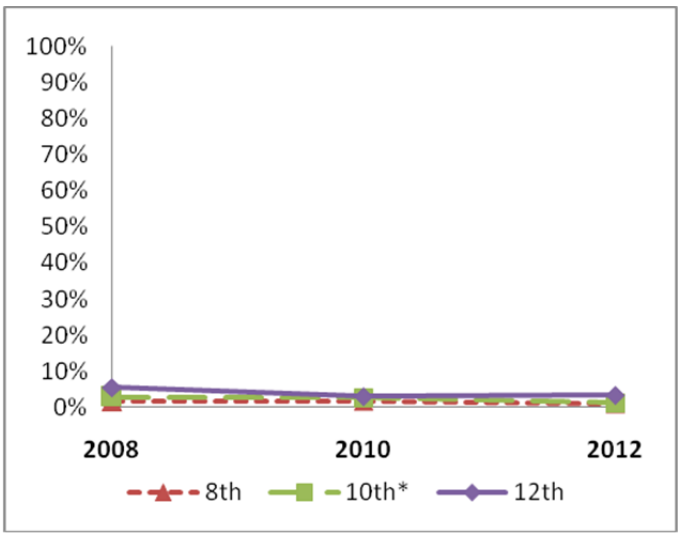


Figure 7.4 data:

	2008	2010	2012
8th	1.7%	1.9%	1.1%
10th*	2.9%	2.8%	1.3%
12th	5.5%	3.1%	3.4%

* statistically significant change (p<.05) from 2010 to 2012

Figure 7.5 Heroin - Used at least once in past year

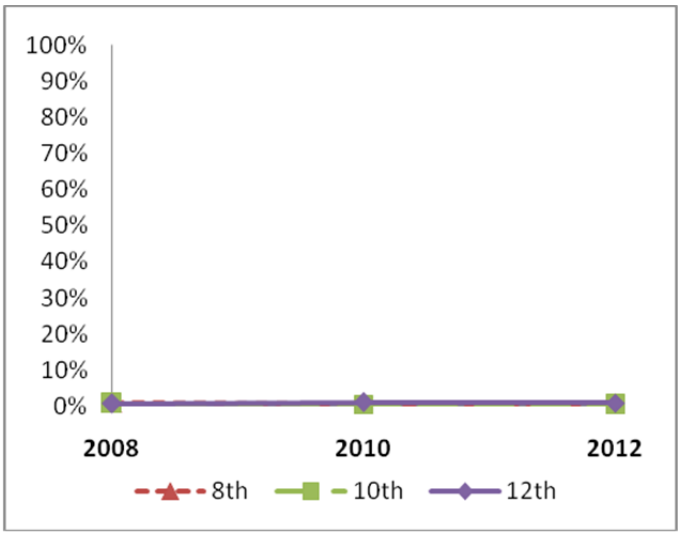


Figure 7.5 data:

	2008	2010	2012
8th	0.9%	0.7%	0.7%
10th	0.7%	0.6%	0.4%
12th	0.8%	1.1%	0.9%

No change was statistically significant (p<.05) for any grade from 2010 to 2012.

Note: This graph contains usage data for 8th, 10th, and 12th grades. Usage for all three grades is very low, and nearly identical, such that all trend lines appear identical

Figure 7.6 Any illicit drug (excluding marijuana) - Used at least once in the past year

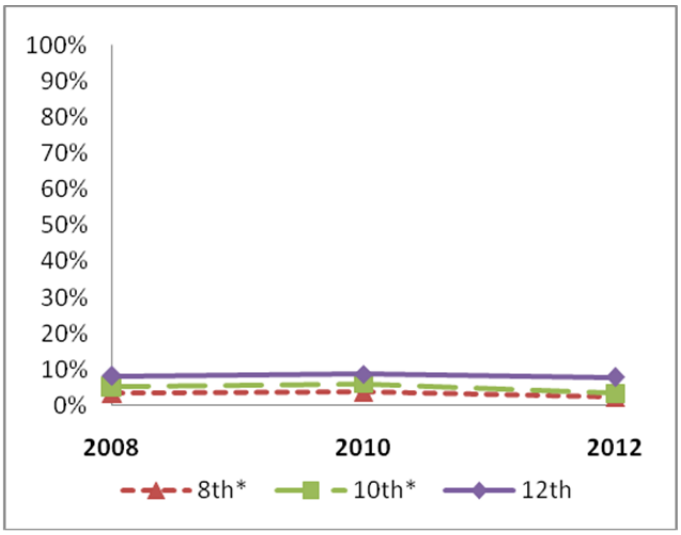


Figure 7.6 data:

	2008	2010	2012
8th*	3.4%	3.8%	2.3%
10th*	5.1%	6.1%	3.4%
12th	8.2%	8.8%	7.9%

* statistically significant change (p<.05) from 2010 to 2012

Table 7.1 Illicit Drugs - Used at least once in the past year

Illicit Drug Type	Use in the Past Year		
	8th	10th	12th
Methamphetamine	0.7%	0.6%	0.8%
MDMA -"Ecstasy"	1.2%	2.3%	5.3%
LSD/Hallucinogens	0.7%	1.5%	4.4%
Cocaine /Crack	1.1%	1.3%	3.4%
Heroin	0.7%	0.4%	0.9%
Any Illicit Drug (reported use of any illicit drug above)	2.3%	3.4%	7.9%

National Estimates

Table 7.2 National vs. Illinois estimates for other illicit drug use, 8th -12th grade

	8th		10th		12th	
	Illinois	US[1]	Illinois	US[1]	Illinois	US[1]
MDMA ("Ecstasy") - past year	1.2%	1.1%	2.3%	3.0%	5.3%	3.8%
Cocaine - past year	1.1%	1.2%	1.3%	2.0%	3.4%	2.7%
Methamphetamine - past year	0.7%	1.0%	0.6%	1.0%	0.8%	1.1%
Heroin - past year	0.7%	0.5%	0.4%	0.6%	0.9%	0.6%

[1] Data source for US estimates is Monitoring the Future (2012). For more information, see Appendix 9 – Monitoring the Future Methodology.
There were no statistically significant differences between Illinois and US ($p < .05$)

Illicit Drug-Related Contributing Factors

The **illicit drug-related contributing factors** assessed in the IYS include:

- Personal disapproval of LSD, cocaine, amphetamine, and other illegal drug use.
- Perceived access to LSD, cocaine, amphetamine, and other illegal drugs

To identify the patterns and changes in other illicit drug-related contributing factors among Illinois youth, the following statistical comparisons were made:

- **2010 vs. 2012 IYS responses by grade**-- to determine changes in Illinois youth over time. Note that there are no 6th grade estimates available in 2012 due to the lack of 6th grade participation in Chicago (see Introduction section for more information).
- **2012 IYS responses between four different community types** across Illinois within: *1) City of Chicago, 2) Suburban Chicago Counties*, *3) Other Urban and Suburban Counties* not in the Chicago Metropolitan Area, and *4) Rural Counties* -- to determine if factors contributing to illicit drug use vary by location. For more information about how these community types are defined and a list of areas included in each, refer to Appendix 10: Illinois Community Types. Community type estimates for 2012 are based on 8th, 10th and 12th grade IYS data and cannot be compared to 2010 estimates reported by community type (which included 6th grade youth).

Differences that reached statistical significance (at the p<.05 level) are noted with an asterisk (*) symbol. If p<.05, it means that there is only a very limited possibility (<5%) that the difference is due solely to chance (See Appendix 8: Illinois Youth Survey Methodology for more information on how statistical significance is determined). Note that indicators in this section could not be compared between IYS and national data, as the Monitoring the Future survey does not contain any parallel items. For more information about the Monitoring the Future Study, see Appendix 9.

Summary of Illinois Highlights

- **Disapproval ratings associated with illicit drugs (LSD, cocaine, amphetamines, and other illegal drugs) are at or above 90% and remain steady from 2010 to 2012.** The vast majority of youth at all grade levels disapprove of illicit drug use, ranging from a high of 96.8% among 8th graders to a low of 90.0% among 12th graders.

- **Perceptions of availability of illicit drugs (cocaine, LSD, amphetamines) remain steady from 2010 to 2012 but increase with age**. Only 7.7% of 8th graders believe illicit drugs would be "sort of easy" or "very easy" to access. By the time youth reach 12th grade, more than 1 out of 4 high school seniors hold the same view (26.8%).

- **Disapproval ratings and perceptions of illicit drug availability do not vary by location.** There were no differences in factors contributing to illicit drug between youth from the four different community types.

Illinois Highlights-Figures and Tables

No indicators are charted in this section as there were no significant trends in any of the illicit-drug related contributing factors from 2010 to 2012.

National Estimates

No indicators in this section could be compared between IYS and national data as the Monitoring the Future survey does not contain parallel items. For more information about the Monitoring the Future Study, see Appendix 9.

More Information

To review summaries of youth responses to all illicit drug-related consumption and contributing factor questions, refer to Appendix 7: Other Illicit Drugs Data Comparison Tables including:

- 2012 IYS responses by grade level (8^{th}, 10^{th}, 12^{th})
- IYS 2008, 2010 and IYS 2012 responses by grade level (8^{th}, 10^{th}, 12^{th}) with statistical comparisons between 2010 and 2012
- Illinois 2012 and National 2012 comparisons by grade level (8^{th}, 10^{th}, 12^{th})
- 2012 IYS responses (combined grades) by four Illinois community types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