



ILLINOIS YOUTH SURVEY

2014 STATE REPORT

ALCOHOL, TOBACCO AND OTHER DRUG USE AMONG ILLINOIS YOUTH



Acknowledgments

The Center for Prevention Research and Development (CPRD) would like to thank the school administrators, community-based substance abuse prevention professionals, teachers, parents, and students across Illinois who have participated in the administration of the Illinois Youth Survey (IYS). Without their support, it would not be possible to track important indicators of adolescent social and behavioral health for our state and for communities throughout our state.

This report is based upon work supported by the Illinois Department of Human Services. Any opinions, findings, and conclusions or recommendations expressed in this report are those of the author and do not necessarily reflect the views of the Illinois Department of Human Services.

Suggested citation:

Center for Prevention Research and Development. (2015). *Illinois Youth Survey 2014 State Report*. Champaign, IL: CPRD, Institute of Government and Public Affairs, University of Illinois.

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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, 2014, 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 2014, a total of 892 schools (representing 214,249 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 2014 State Report* presents findings based on data gathered January–June 2014 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. As a result, estimates from earlier survey administration years cannot be confidently compared to estimates gathered 2008-2014.

Description of the Sample

Historically, the IYS State Report is based on a random sample of 6th, 8th, 10th, and 12th grade public school students in Illinois (see Appendix 7: Illinois Youth Survey Methodology for a detailed description of the sampling and data management procedures used). The sampling methodology also provides the ability to statistically compare youth over time by grade level and (for the combined sample of 8th, 10th, and 12th graders) between four different types of Illinois communities based on their “urbanicity”: 1) *City of Chicago*, 2) *Suburban Chicago Counties including Suburban Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, and Will*, 3) *Other Urban/Suburban Counties excluding Suburban Chicago Counties*, and 4) *Rural Counties*.

Although 6th grade students in Chicago Public Schools were permitted to participate in the 2014 IYS administration, no trends in 6th grade estimates can be statistically compared from 2012 to 2014 because 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 could not be reported for any survey responses in 2012**. Subsequently, **6th grade youth were also excluded from all data reported by community type in 2012 and 2014** (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.

2014 Sample by Illinois Community Type			2014 Sample by Grade Level		
Community Type	# of students	# of schools ¹	Grade	# of students	# of schools ¹
Suburban Chicago	4,842	68	6th	2,059	44
Chicago	1,141	19	8th	2,640	55
Other Urban/Suburban	2,463	38	10th	2,822	57
Rural	1,470	25	12th	2,395	48

¹ Some schools contribute multiple grade levels to the sample, therefore the total sum of schools per grade (N=204) is greater than the total of schools by community (N=150).

Data Comparisons to Identify Significant Differences

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

- **2012 vs. 2014 IYS responses by grade** -- to determine changes in Illinois youth over time. Note that no statistical comparisons can be made for 6th graders in 2012 vs. 2014 due to the lack of 6th grade participation in Chicago during 2012.
- **2014 IYS responses vs. national estimates** from the 2013 *Monitoring the Future Study* -- to determine how Illinois youth compare with national youth. See Appendix 8: *Monitoring the Future Methodology* for more information about this national study.
- **2014 IYS responses between youth living in four different types of Illinois community environments:** 1) *City of Chicago*, 2) *Suburban Chicago Counties - including Suburban Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, and Will*, 3) *Other Urban/Suburban Counties - excluding Suburban Chicago Counties*, and 4) *Rural Counties*. Community type estimates for 2014 are based on combined 8th, 10th, and 12th grade IYS data. For more information about how these community types are defined and a full list of areas included in each, refer to Appendix 9: Illinois Community Types.

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 2014 more likely to binge drink than 8th graders in 2012? 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 7: 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 2014 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 6) 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 7), thorough descriptions of the *Monitoring the Future* national data collection methodology (Appendix 8), definitions of the types of Illinois communities compared in this report (Appendix 9), and a summary of relevant data trends from *Monitoring the Future 2007-2014* (Appendix 10).

An Executive Summary of the 2014 Illinois Youth Survey State Report, 2014 State Report Appendices, and links to reports from past administrations of the IYS can be found at <https://iys.cprd.illinois.edu/results/state>.

Using this Report

The true value of any data summary lies in whether it can be 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 both graphical and narrative format 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 2014 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 and associated consequences are reported for 6th, 8th, 10th, and 12th grade Illinois youth. For a comprehensive analysis of Illinois and national trends for each substance or group of substances, refer to Sections 2-6 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 race and ethnic groups. Appendix 1 provides comparisons between these race and ethnic groups based on the sample design and sufficient subgroup sample size.

Age of first drug use is only presented for 12th graders. 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. For more information about the CRAFFT, refer to <http://www.ceasar-boston.org/CRAFFT/>. In addition, high risk use of alcohol and other drugs (i.e. coming to school drunk or high) is presented in this overview section.

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 7: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

¹Grant, 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 past year use suggest that the top three most commonly used drugs are alcohol, marijuana, and cigarettes. This pattern has been observed since 2008.
- **Use of prescription drugs (without a prescription) is more prevalent than past year use of any illicit drug (excluding marijuana), and for 8th graders, more prevalent than cigarette use.** Prescription drugs without a prescription is now the fourth most common drug use behavior among 12th graders and the third most common drug behavior among 8th and 10th graders in 2014. In fact, more 8th graders (5.4%) and 10th graders (9.2%) report using prescription drugs not prescribed to them in the past year than using cigarettes in the past year (4.9% and 8.9% respectively). While 12.6% of 12th graders report using prescription drugs not prescribed to them in the past year, 8.8% 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 5.5% of 12th graders reporting use in the past year. The least used illicit drugs in the past year among 12th graders are heroin (0.9%) and methamphetamines (0.7%).
- **In 2014, fewer 8th and 10th graders report using one or more gateway substances in the past year than in 2012.** Use of one or more gateway substances is defined as past-year use of alcohol OR cigarettes OR marijuana OR inhalants. Illinois 10th graders are less likely to report using any gateway drug compared to 2012. For the second time since 2010, 8th graders are less likely to report use of any gateway drug. In addition, 8th graders in 2014 are less likely to report they have gone to school drunk or high in the past year (4.7%) than in in 2012 (7.5%).
- **Compared to African-American/Black and Latino youth, WHITE youth:**
 - *are least likely to use marijuana in the past year and past 30 days*
 - *are least likely to use inhalants in the past year and past 30 days*
 - *are least likely to use over-the-counter drugs “to get high” in the past year*
- **Compared to White and Latino youth, AFRICAN-AMERICAN/BLACK youth:**
 - *are least likely to use alcohol in the past year and past 30 days*
 - *are least likely to use cigarettes in the past year and past 30 days*
 - *are least likely to use cocaine in the past year*
 - *are least likely to use prescription drugs other than painkillers (e.g., Ritalin, Adderall, Xanax, etc.) “to get high” in the past year*
 - *are least likely to use any prescription drug “to get high” in the past 30 days*
 - *are least likely to use one or more illicit (excluding marijuana) drugs 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 than females to report use of alcohol in the past year*
 - *Males are less likely than females to use one or more “gateway” substances 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.** Cigarette smoking is the earliest drug use behavior with an average (mean) age of first use at 14.2 years of age, followed by first alcohol use at 14.6 years of age and marijuana at 15 years of age. If prevention efforts are to be successful in delaying substance use initiation, targeted ages should be 13-16 year olds to reach them when they are confronted with initiation decisions during these critical years.

- **Almost four out of ten Illinois 12th graders, who have ever used alcohol by 12th grade, may be at risk for alcohol abuse or dependence later in life.** Among 12th graders in 2014, who have used alcohol during their lifetime, 39.7% first used before the age of 15. In addition, 16.8% reported they first regularly (i.e. once or twice per month) used alcohol before the age of 15; up from 12.7% in 2012. Because early use is associated with alcohol dependence in adulthood, these young people are at elevated risk for abuse or dependence later in life.

- **Illinois 8th grade youth are less likely to come to school drunk or high.** Although the rates of attending school while drunk or high remain low over time at all grade levels, 8th graders in 2014 are even less likely to report this behavior (4.7%) than in 2012 (7.5%).

- **Compared to 8th-12th grade youth from all other community types in Illinois, CHICAGO 8th-12th grade youth:**
 - *are most likely to report they have been drunk or high at school during the past year*

- **Fewer 10th graders screen positive for needing a more in-depth substance abuse assessment in 2014 than in 2012.** Based on responses to the six questions on the IYS that comprise the CRAFFT adolescent substance abuse screening tool, the need for additional substance abuse assessment is lower among 10th graders in 2014 (19.9%) than in 2012 (24.5%). In addition, high school youth in both 10th and 12th grade are less likely to report they have ridden in a car driven by someone (including themselves) who had been using alcohol or drugs and are less likely to report that family or friends have told them to cut down on their drinking or drug use; two indicators of high risk substance use captured through the CRAFFT screening tool.

Illinois Highlights – Figures and Tables

Figure 1.1 Use of substances in the past year among 12th grade youth in 2014

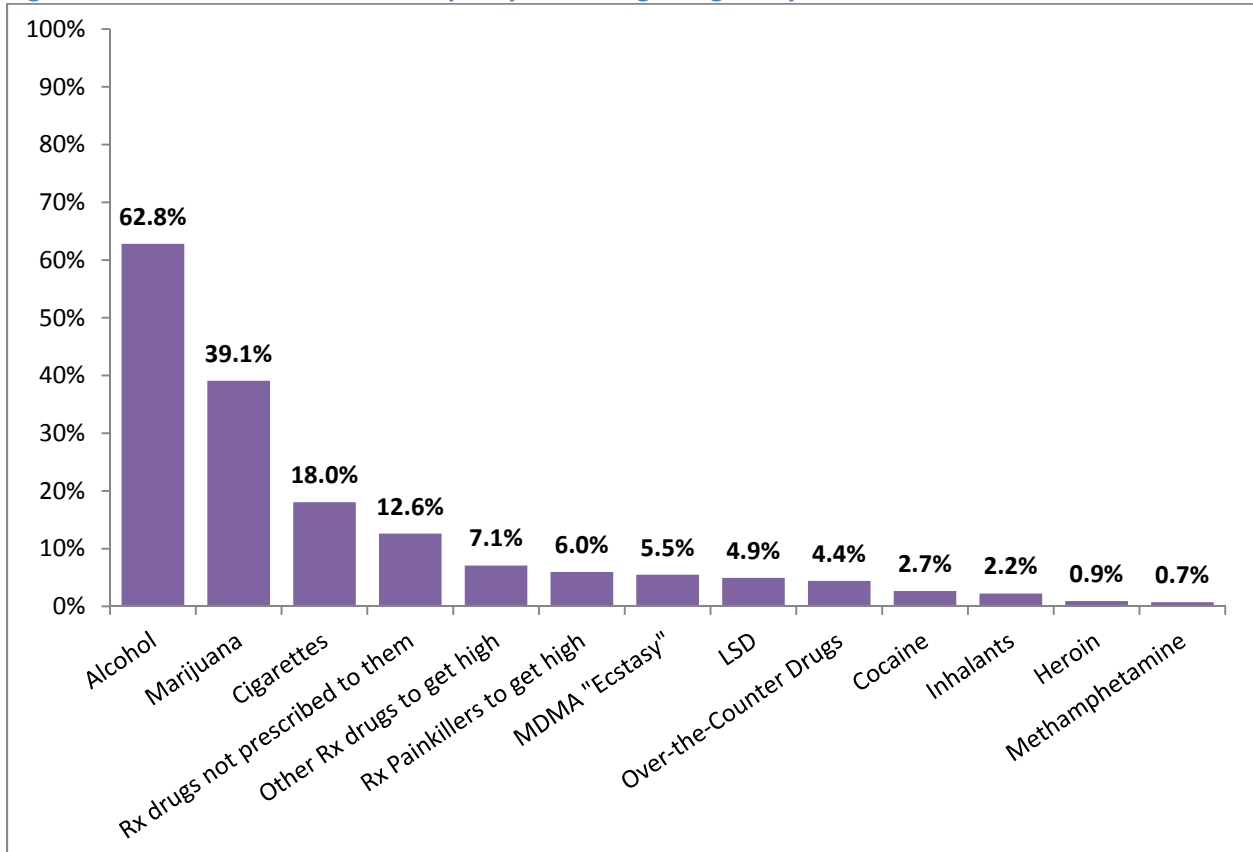


Figure 1.2 Use of most prevalent substances in the past 30 days among 12th grade youth in 2014

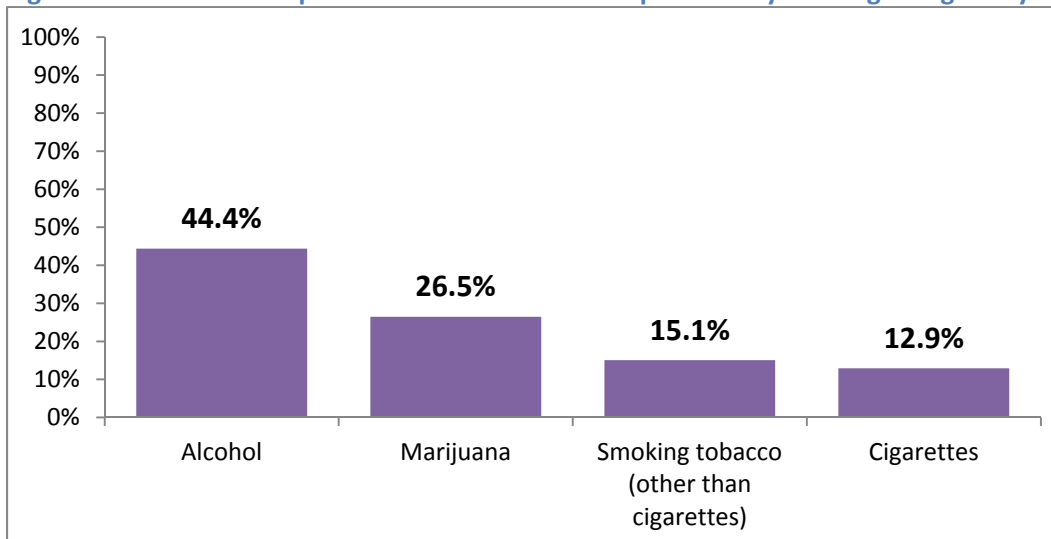


Table 1.1 Substance Use Rates by Grade in 2014

Substance Used	6th	8th	10th	12th
Used Past Year				
Any Gateway Substance (Including Alcohol, Cigarettes, Inhalants, Marijuana)	15.0%	30.2%	51.2%	66.3%
Alcohol	10.8%	26.8%	47.5%	62.8%
Cigarettes	1.3%	4.9%	8.9%	18.0%
Inhalants	5.7%	4.0%	2.5%	2.2%
Marijuana	1.5%	10.7%	25.6%	39.1%
Any Illicit Drugs (Excluding Marijuana)	N/A	2.0%	4.8%	8.8%
Cocaine/Crack	N/A	0.8%	1.2%	2.7%
LSD/Psychedelics	N/A	0.6%	2.8%	4.9%
Ecstasy/MDMA	N/A	0.8%	2.4%	5.5%
Methamphetamine	N/A	0.3%	0.9%	0.7%
Heroin	N/A	0.6%	0.7%	0.9%
Any Prescription Drugs to Get High (Including Prescription Painkillers or Other Prescription Drugs)	N/A	2.8%	5.9%	9.2%
Prescription painkillers to get high (like OxyContin, Vicodin, Lortab, etc.)	N/A	1.7%	3.2%	6.0%
Other prescription drugs to get high (like Ritalin, Adderall, Xanax, etc.)	N/A	2.0%	4.5%	7.1%
Over-the-Counter Drugs to Get High	N/A	3.3%	3.5%	4.4%
Steroids Without a Prescription	N/A	1.4%	1.3%	1.3%
Prescription Drugs Not Prescribed to You	N/A	5.4%	9.2%	12.6%
Used Past 30 Days				
Alcohol	5.4%	14.9%	27.4%	44.4%
Any Tobacco Product (Including Cigarettes, Chewing Tobacco, Smoking Tobacco)	1.8%	5.9%	9.5%	23.0%
Cigarettes	0.6%	2.8%	5.4%	12.9%
Chewing tobacco	0.8%	2.7%	3.6%	7.7%
Smoking tobacco (other than cigarettes like cigars, cigarillos)	1.2%	3.5%	5.6%	15.1%
Inhalants	4.3%	2.6%	1.5%	1.3%
Marijuana	1.0%	7.1%	16.6%	26.5%
Any Prescription Drugs to Get High (Including Prescription Painkillers or Other Prescription Drugs)	N/A	1.0%	3.4%	5.2%
Prescription painkillers to get high (like OxyContin, Vicodin, Lortab, etc.)	N/A	0.6%	1.8%	3.1%
Other prescription drugs to get high (like Ritalin, Adderall, Xanax, etc.)	N/A	0.7%	2.7%	4.1%
Over-the-Counter Drugs to Get High	N/A	1.4%	1.4%	1.4%
Prescription Drugs Not Prescribed to You	2.9%	2.2%	4.3%	5.7%
Past 2 Weeks				
Binge Drinking (5 or more drinks in a row)	1.7%	5.5%	11.0%	25.5%
# of Respondents	2,059	2,640	2,822	2,395

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

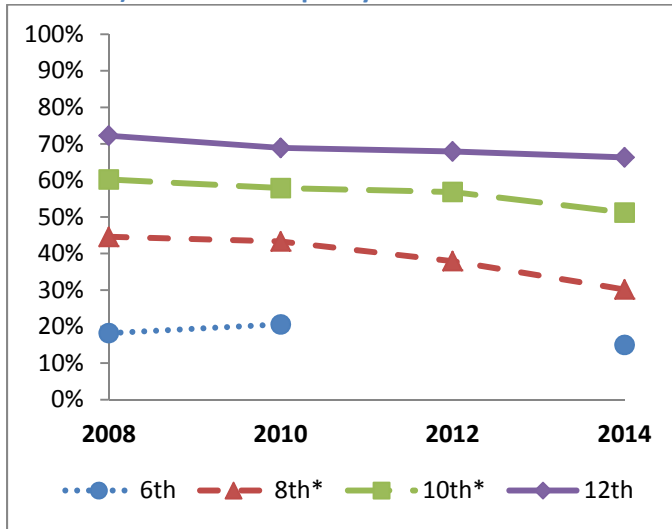


Figure 1.3 data:

	2008	2010	2012	2014
6th	18.2%	20.6%		15.0%
8th*	44.6%	43.3%	37.9%	30.2%
10th*	60.3%	57.9%	56.8%	51.2%
12th	72.3%	68.9%	67.9%	66.3%

* statistically significant change ($p < .05$) from 2012 to 2014

Table 1.2 Racial and ethnic group differences* in substance use behaviors – 8th, 10th, and 12th grades combined

Substance Use Behavior - 2014	Across all grade levels (8th, 10th, and 12th) combined		
	White	African American/ Black	Latino/ Latina
	Past Year Use		
Alcohol	47.3%	36.6%*	50.1%
Cigarettes	11.7%	4.9%*	11.8%
Marijuana	22.8%*	32.4%	28.0%
Inhalants	2.1%*	4.1%	4.5%
Cocaine	1.5%	0.6%*	2.2%
One or More Illicit (Excluding Marijuana) Drugs	5.4%	3.2%*	6.1%
Other Prescription Drugs to Get High (like Ritalin, Adderall, Xanax, etc.)	5.0%	2.5%*	4.5%
Over-the-Counter Drugs to Get High	2.9%*	5.0%	5.5%
Past 30 Day Use			
Alcohol	30.1%	22.6%*	30.7%
Cigarettes	8.2%	3.0%*	6.6%
Inhalants	1.1%*	2.5%	3.4%
Marijuana	14.6%*	23.8%	18.5%
Any Prescription Drugs to Get High (Including Prescription Painkillers or Other Prescription Drugs)	3.4%	1.8%*	3.6%

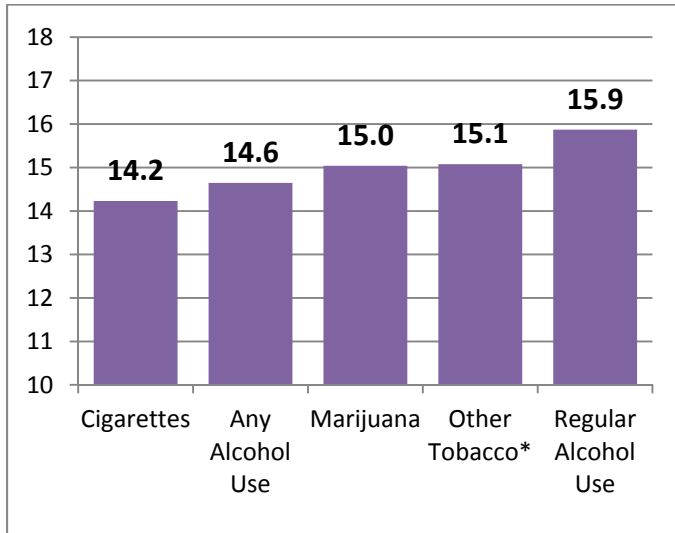
* Indicates which race or ethnic group differs from all others at ($p < .05$)

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

Substance Use Behavior - 2014	Across all grade levels combined	
	Females	Males
Past Year Use		
Any Gateway Substance (Including Alcohol, Cigarettes, Inhalants, Marijuana)	51.1%*	47.0%
Alcohol	48.0%*	43.0%
Cigarettes	9.6%	11.3%*
Inhalants	3.1%	2.8%
Marijuana	24.0%	25.5%
Any Illicit Drugs (Excluding Marijuana)	3.7%	6.5%*
Cocaine/Crack	1.2%	1.8%*
LSD/Psychedelics	1.7%	3.8%*
Ecstasy/MDMA	2.4%	3.3%*
Methamphetamine	0.4%	0.9%*
Heroin	0.6%	0.9%
Any Prescription Drugs to Get High (Including Prescription Painkillers or Other Prescription Drugs)	4.9%	6.8%*
Prescription painkillers (like OxyContin, Vicodin, Lortab, etc.) to get high	3.0%	4.1%*
Other prescription drugs (like Ritalin, Adderall, Xanax, etc.) to get high	3.7%	5.2%*
Over-the-Counter Drugs to Get High	3.0%	4.5%*
Steroids Without a Prescription	0.9%	1.7%*
Prescription Drugs Not Prescribed to You	8.9%	8.9%
Past 30 Day Use		
Alcohol	29.4%	27.6%
Any Tobacco Product (Including Cigarettes, Chewing Tobacco, and Other Smoking Tobacco)	9.7%	15.2%*
Cigarettes	5.9%	7.8%*
Chewing Tobacco	2.6%	6.5%*
Smoking Tobacco (other than cigarettes like cigars, cigarillos, etc.)	5.5%	10.1%*
Inhalants	2.0%	1.7%
Marijuana	14.9%	18.0%*
Any Prescription Drugs to Get High (Including Prescription Painkillers or Other Prescription Drugs)	2.5%	3.8%*
Prescription painkillers (like OxyContin, Vicodin, Lortab, etc.) to get high	1.6%	1.9%
Other prescription drugs (like Ritalin, Adderall, Xanax, etc.) to get high	1.7%	3.2%*
Over-the-Counter Drugs to Get High	0.9%	1.9%*
Prescription Drugs Not Prescribed to You	4.0%	4.1%
Past 2 Weeks Use		
Binge Drinking (5 or more alcoholic drinks in a row)	12.7%	14.6%
# Respondents	4,001	3,788

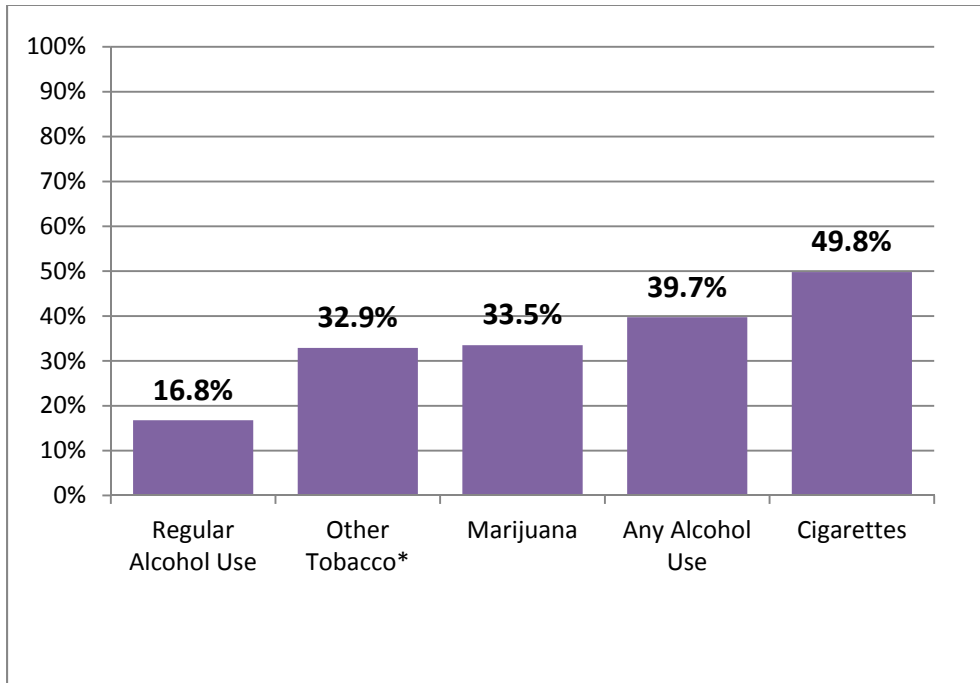
* Indicates differences between genders that reached statistical significance (p<.05)

Figure 1.4 Average (mean) age of first substance use in 2014 – Among 12th grade youth who have ever used each substance



* Includes other tobacco products besides cigarettes (e.g. chewing tobacco or cigars)

Figure 1.5 First use before age 15 in 2014 – Among 12th grade youth who have ever used each substance



* Includes other tobacco products besides cigarettes (e.g. chewing tobacco or cigars)

Figure 1.6 First regular use of alcohol before age 15 – Among 12th grade youth who have ever used

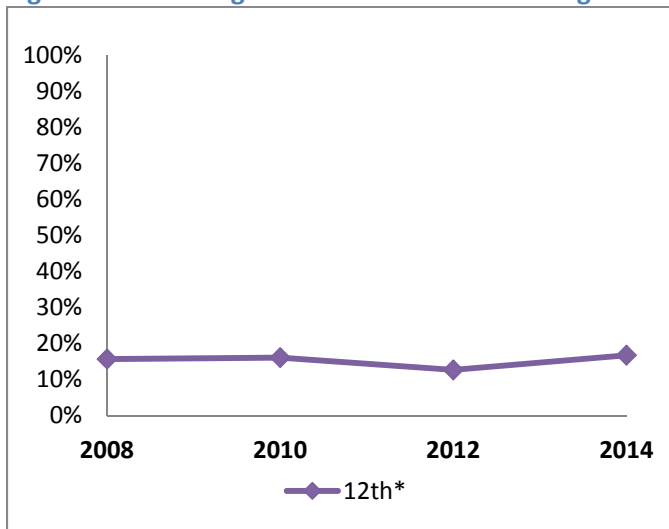


Figure 1.6 data:

	2008	2010	2012	2014
12th*	15.7%	16.1%	12.7%	16.8%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 1.7 Have been drunk or high at school – At least once in the past year

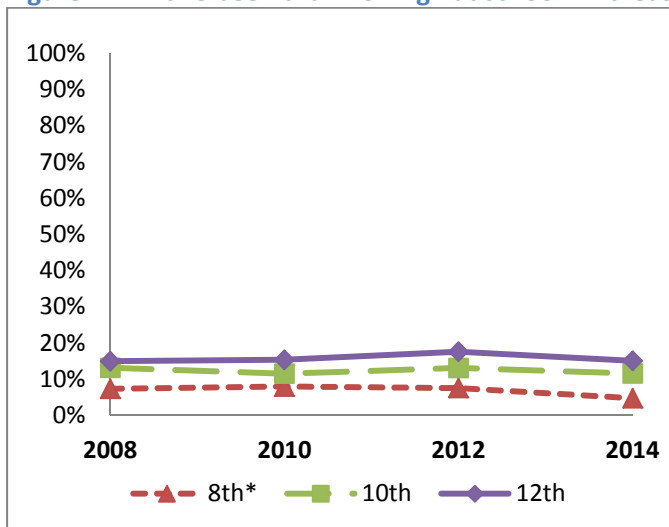


Figure 1.7 data:

	2008	2010	2012	2014
8th*	7.3%	7.9%	7.5%	4.7%
10th	13.1%	11.5%	13.0%	11.5%
12th	14.9%	15.3%	17.5%	15.0%

* statistically significant change ($p < .05$) from 2012 to 2014

Table 1.4 Differences* in reports of being drunk or high at school in the past year by Illinois community type among 8th-12th grade youth combined in 2014

Indicator	Suburban Chicago	Chicago	Other Urban/ Suburban	Rural
Ever been drunk or high at school in the past year	9.7%	16.1%* (highest)	8.6%	7.8%

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

Table 1.5 Trends in problem alcohol or other drug use among 10th graders – CRAFFT Screening Tool

During the past 12 months	2012	2014
Rode in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs*	23.9%	18.9%
Used alcohol or other drugs to relax, feel better about yourself, or fit in	19.6%	18.1%
Forgot things you did while using alcohol or other drugs	14.5%	12.7%
Used alcohol or other drugs while you were by yourself, alone	15.2%	14.8%
Family or friends told you that you should cut down on your drinking or drug use*	9.3%	6.4%
Gotten into trouble while using alcohol or drugs*	9.9%	6.7%
Experienced 2 or more consequences (indicating the potential need for substance abuse assessment)*	24.5%	19.9%

* Statistically significant change (p<.05) from 2012 to 2014

Table 1.6 Trends in problem alcohol or other drug use among 12th graders – CRAFFT Screening Tool

During the past 12 months	2012	2014
Rode in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs*	33.4%	29.8%
Used alcohol or other drugs to relax, feel better about yourself, or fit in	25.7%	24.3%
Forgot things you did while using alcohol or other drugs	23.8%	21.3%
Used alcohol or other drugs while you were by yourself, alone	19.2%	19.6%
Family or friends told you that you should cut down on your drinking or drug use*	10.4%	7.9%
Gotten into trouble while using alcohol or drugs	8.7%	7.8%
Experienced 2 or more consequences (indicating the potential need for substance abuse assessment)	33.0%	29.5%

* Statistically significant change (p<.05) from 2012 to 2014

Figure 1.8 Experienced 2 or more consequences (indicating the potential need for substance abuse assessment according to the CRAFFT Screening Test)

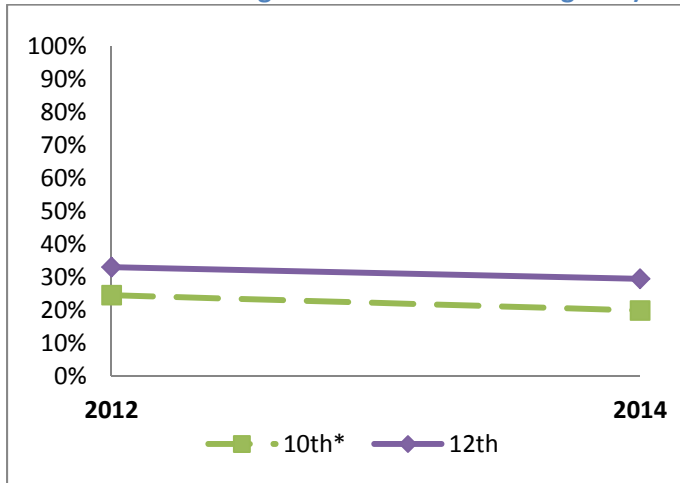


Figure 1.8 data:

	2012	2014
10th*	24.5%	19.9%
12th	33.0%	29.5%

* statistically significant change ($p < .05$) from 2012 to 2014

More Information

To review summaries of substance use prevalence in 2014 by grade, by gender, and by race/ethnicity, refer to Appendix 1: Snapshot of Youth Substance Use in 2014 Data Comparison Tables.

Section 2 – Alcohol

Overview

This section of the 2014 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. For additional alcohol highlights, refer to Section 1: Illinois Snapshot of Youth Substance 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)
- First use of alcohol before age 15 and first regular use of alcohol before age 15 (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”)

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

- **2012 vs. 2014 IYS responses by grade** -- to determine changes in Illinois youth over time. Note that there are no 6th grade 2012 vs. 2014 comparisons available due to the lack of 6th grade participation in Chicago during 2012.
- **2014 IYS responses vs. national estimates** from the 2013 *Monitoring the Future Study* -- to determine how Illinois youth compare with national youth. See Appendix 8: *Monitoring the Future Methodology* for more information about this national study.
- **2014 IYS responses between youth living in four different types of Illinois community environments:** 1) *City of Chicago*, 2) *Suburban Chicago Counties - including Suburban Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, and Will*, 3) *Other Urban/Suburban Counties - excluding Suburban Chicago Counties*, and 4) *Rural Counties*. Community type estimates for 2014 are based on combined 8th, 10th, and 12th grade IYS data. For more information about how these community types are defined and a full list of areas included in each, refer to Appendix 9: 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 7: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Underage drinking is on the decline.** Use of alcohol in the past year and in the past 30 days is lower among 8th and 10th grade youth in 2014, compared to 2012.
- **But, Illinois 8th and 12th graders are more likely to use alcohol than their national counterparts.** Past 30-day use among 8th graders was 14.9% in Illinois, compared to 10.2% nationally; among 12th graders it was 44.4% in Illinois vs. 39.2% nationally. Since 2008, Illinois 8th grade youth past year and past 30-day alcohol use rates have exceeded the national average. Illinois 12th grade use in the past 30 days has exceeded the national rate for high school seniors since 2012.
- **While binge drinking was on the rise among 12th graders from 2010 to 2012, trends from 2012 to 2014 demonstrate that fewer high school students choose to binge drink.** There was a statistically significant decrease in consuming five or more drinks in a row during the past two weeks (which defines binge drinking) among both 10th and 12th grade youth in 2014 as compared to 2012. This represents a positive shift in high-risk alcohol use among Illinois high school students.
- **The type of alcohol consumed appears to vary by age.** Liquor remains the most commonly consumed alcohol beverage type for high school aged Illinois youth, followed by beer from bottles/cans. Younger adolescents (6th and 8th grade youth), consumed wine above all other types of alcohol. Beer from a keg was least often reported among youth who have used alcohol in the past 30 days. In 2014, among 8th, 10th and 12th graders who report using alcohol in the past 30 days, around one-third indicate they have consumed liquor mixed with energy drinks. Health hazards associated with combining alcohol and energy drinks poses a threat to these youth.
- **While type of alcohol most recently used varies, the rate of past year and past 30-day use does not differ between youth living in different types of Illinois communities.** No differences were observed when estimates of alcohol use rates were compared between 8th-12th grade youth living in varying types of communities throughout Illinois. Among youth who have used alcohol in the past 30 days, Suburban Chicago youth were least likely to have consumed “Alcopops” (wine coolers, hard lemonade, and hard cider) and Chicago youth were least likely to have consumed beer from bottles/cans.

Illinois Highlights – Figures and Tables

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

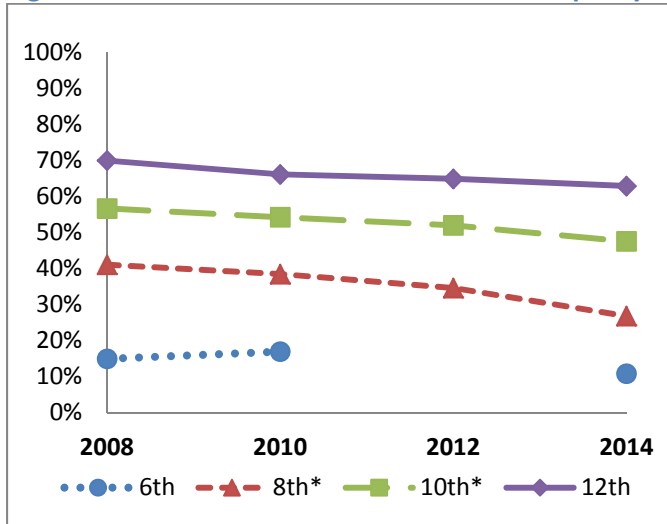


Figure 2.1 data:

	2008	2010	2012	2014
6th	14.9%	16.9%		10.8%
8th*	41.0%	38.4%	34.5%	26.8%
10th*	56.6%	54.2%	51.9%	47.5%
12th	69.9%	66.1%	64.8%	62.8%

* statistically significant change ($p < .05$) from 2012 to 2014

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

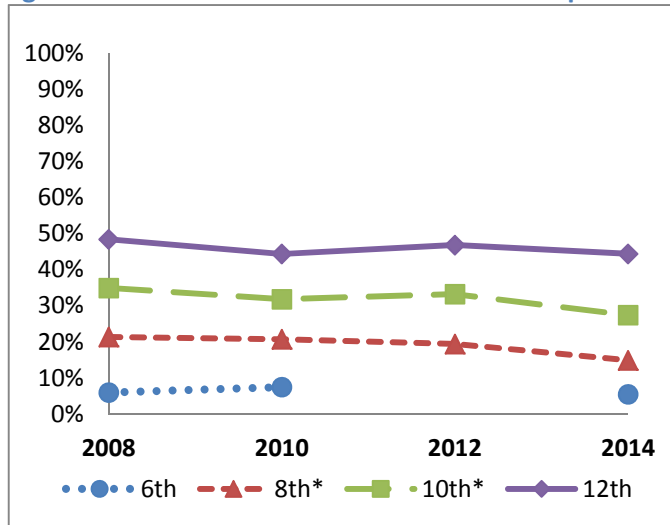


Figure 2.2 data:

	2008	2010	2012	2014
6th	5.9%	7.4%		5.4%
8th*	21.3%	20.7%	19.4%	14.9%
10th*	34.9%	31.8%	33.2%	27.4%
12th	48.4%	44.3%	46.8%	44.4%

* statistically significant change ($p < .05$) from 2012 to 2014

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

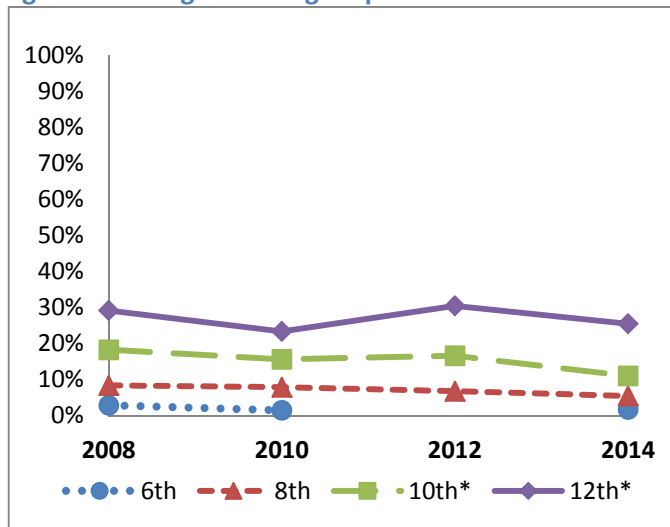


Figure 2.3 data:

	2008	2010	2012	2014
6th	2.9%	1.5%		1.7%
8th	8.4%	7.9%	6.8%	5.5%
10th*	18.3%	15.7%	16.6%	11.0%
12th*	29.2%	23.4%	30.5%	25.5%

* statistically significant change (p<.05) from 2012 to 2014

Table 2.1 Type of alcohol consumed in the past 30 days by grade in 2014

Among alcohol users in the past 30 days:	Used type when they drank			
	6th	8th	10th	12th
Beer from bottles or cans	26.5%	39.3%	48.7%	66.0%
Beer from a keg	1.3%	7.1%	8.4%	13.4%
Wine	47.9%	42.3%	35.3%	37.2%
Liquor (vodka, whiskey, etc.)	18.2%	41.7%	68.7%	79.2%
Alcopops (wine coolers, hard lemonade, hard cider)	22.7%	33.0%	43.2%	42.7%
Liquor with energy drinks (e.g., Red Bull)	33.9%	38.1%	29.4%	31.6%

Table 2.2 Differences* in type of alcohol consumed in the past 30 days by Illinois community type among 8th-12th grade youth combined in 2014

Indicator	Suburban Chicago	Chicago	Other Urban/Suburban	Rural
Type of alcohol used - Beer in bottles or cans (among alcohol users in the past 30 days)	61.2%	35.8%* (lowest)	53.1%	59.3%
Type of alcohol used - Alcopops (among alcohol users in the past 30 days)	37.1%* (lowest)	40.9%	48.2%	53.2%

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

National Estimates

Table 2.3 National (2013) vs. Illinois (2014) estimates for alcohol use, 8th-12th grade

	8th		10th		12th	
	Illinois	US ¹	Illinois	US ¹	Illinois	US ¹
Alcohol - Past year	26.8%	22.1%	47.5%	47.1%	62.8%	62.0%
Alcohol - Past 30 days	14.9%	10.2%*	27.4%	25.7%	44.4%	39.2%*

¹ National (US) data source is *Monitoring the Future Study* (2013). For more information, see Appendix 8: *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 friends’ attitudes (norms) associated with disapproval of youth alcohol use
- Perceived peer behaviors (norms) associated with youth alcohol use (e.g. perceived extent of alcohol use among students in their school) – **not reported at the state level**
- Perceived parental disapproval of youth alcohol use daily and regularly (at least once per month)
- Perceived community (adult) disapproval of underage drinking and riding with a teen driver who has been drinking
- Parent/guardian communication regarding their disapproval of youth alcohol use.
- Parent/guardian 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:

- **2012 vs. 2014 IYS responses by grade** -- to determine changes in Illinois youth over time. Note that there are no 6th grade 2012 vs. 2014 comparisons available due to the lack of 6th grade participation in Chicago during 2012.
- **2014 IYS responses between youth living in four different types of Illinois community environments:** 1) *City of Chicago*, 2) *Suburban Chicago Counties - including Suburban Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, and Will*, 3) *Other Urban/Suburban Counties - excluding Suburban Chicago Counties*, and 4) *Rural Counties*. Community type estimates for 2014 are based on combined 8th, 10th, and 12th grade IYS data. For more information about how these community types are defined and a full list of areas included in each, refer to Appendix 9: 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 7: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Perception of risk or harm from daily alcohol use is increasing among high school youth.** The percent of youth who associate “great risk” with daily drinking is increasing from 2012 to 2014 for both 10th grade (34.6% to 42.2%) and 12th grade (32.2% to 38.4%) youth.
- **More 8th and 10th grade youth perceive binge drinking as risky in 2014.** The perception that there is “great risk” associated with binge drinking is increasing among 8th graders from 47.2% in 2012 to 52.8% in 2014 and among 10th graders from 42.1% in 2012 to 47.8% in 2014. While there is no statistically significant change observed from 2012 to 2014 among 12th graders, there has been a steady increase since 2010 among all grade levels in beliefs that binge drinking is harmful.
- **More 10th grade youth disapprove of regular teen alcohol use in 2014 compared to 2012.** In addition, the majority of 6th (96.6%), 8th (84.5%) and 10th (66.3%) graders in 2014 believe it is “wrong” or “very wrong” for teens to drink regularly.
- **Compared to 2012, fewer 8th and 10th graders think they would be seen as “cool” if they drank alcohol regularly (i.e. at least once or twice per month).** After concerning trends in perceived peer norms were observed from 2010 to 2012, the proportion of 8th and 10th grade youth who report there is “some” to “a very good chance” they would be viewed as cool if they drank decreased from 2012 to 2014. This is good news as perceptions of peer attitudes are closely tied with alcohol use.
- **Compared to 2012, fewer 10th graders in 2014 believe that adults in their community feel it would be wrong for kids their age to drink alcohol regularly.** 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.
- **Compared to 2012, fewer 12th graders believe their parents disapprove of regular teen alcohol use and are less likely to report that their parents have talked to them 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 decreased from 53.0% in 2012 to 48.5% in 2014. Beliefs about parent disapproval among 12th graders similarly decreased from 72.5% in 2012 to 69.1% in 2014. Fortunately, this concerning trend is not observed in younger adolescents.
- **Parent monitoring of teen alcohol use is on the rise for 8th and 10th grade youth.** Compared to 2012, 8th graders in 2014 are more likely to believe their parents would catch them if they drank alcohol and if they went to a party where alcohol is served. This is a reversal of a negative trend in perceptions of parent monitoring observed in all grade levels from 2010 to 2012. Among 10th grade youth in 2014, 30.3% report they would be caught by their parents if they attended a party where alcohol was served, up from 26.3% in 2012. In addition, 10th graders in 2014 are more likely to report that their parents would catch them if they rode in a car driven by a teen driver who had been drinking.

- **Alcohol is viewed as harder to access among 10th graders in 2014.** There was a significant decrease in the percentage of 10th grade youth who believe alcohol is “sort of easy” or “very easy” to get, from 61.0% in 2012 to 56.3% in 2014.
- **Fewer 8th-12th grade youth use one or more social sources to access alcohol in 2014 than in 2012.** Although trends from 2010 to 2012 revealed an increase in obtaining alcohol through social sources among all grade levels, recent trends from 2012 to 2014 suggest a reversal of that concerning finding. 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 adults other than their parents- decreased significantly from 2012 to 2014 for 8th graders (from 75.8% to 51.5%), for 10th graders (from 87.8% to 69.6%) and for 12th graders (from 91.0% to 76.4%). Because social access to alcohol remains the most common way to access alcohol at all grade levels, this reduction is a positive affirmation of prevention efforts throughout the state to address social provision of alcohol to youth.
- **Retail access to alcohol is decreasing among high school students from 2012 to 2014.** 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), decreased from 17.0% to 7.5% for 10th graders and from 24.5% to 12.9% for 12th graders. Again, this represents a reversal of the trend observed from 2010 to 2012 that high school students were more likely to purchase alcohol illegally.
- **Parent supply of alcohol to 8th grade youth is declining.** Although no changes were observed in reports of parents supplying alcohol to 10th or 12th grade youth, fewer 8th graders report that their parents supplied them with alcohol in 2014 (38.8%) than in 2012 (50.4%).
- **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 drank alcohol*
 - *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 daily drinking*
 - *are most likely to believe that alcohol is “sort of easy” or “very easy” to get*
- **Compared to 8th-12th grade youth from all other community types in Illinois, RURAL 8th-12th grade youth:**
 - *are most likely to believe that they would be caught by their parents if they drank alcohol*

Illinois Highlights – Figures and Tables

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

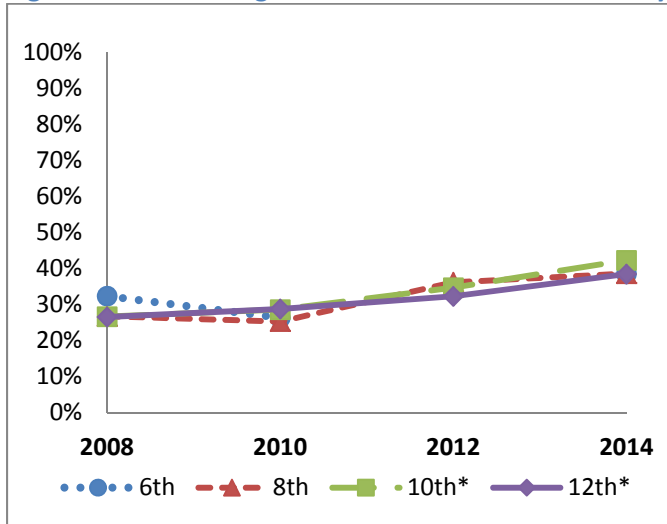


Figure 2.4 data:

	2008	2010	2012	2014
6th	32.3%	26.3%		38.5%
8th	26.7%	25.3%	36.1%	38.5%
10th*	26.6%	28.6%	34.6%	42.2%
12th*	26.5%	28.7%	32.2%	38.4%

* statistically significant change ($p < .05$) from 2012 to 2014

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

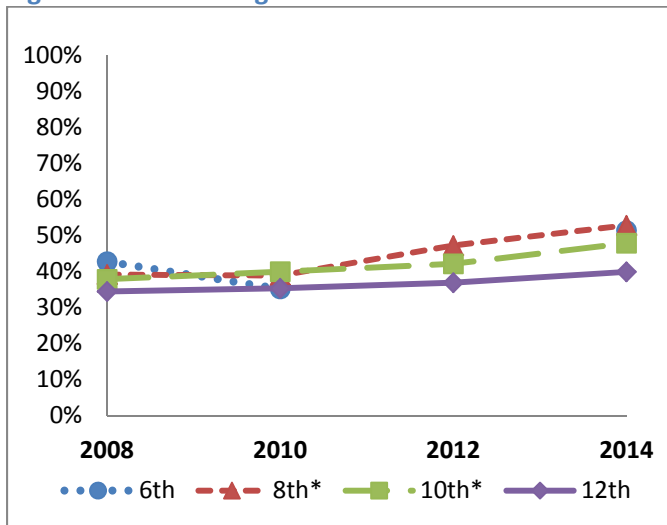


Figure 2.5 data:

	2008	2010	2012	2014
6th	42.7%	35.1%		51.3%
8th*	39.1%	38.8%	47.2%	52.8%
10th*	37.8%	39.9%	42.1%	47.8%
12th	34.4%	35.3%	36.8%	39.9%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 2.6 Believe drinking regularly at their age would be "wrong" or "very wrong"

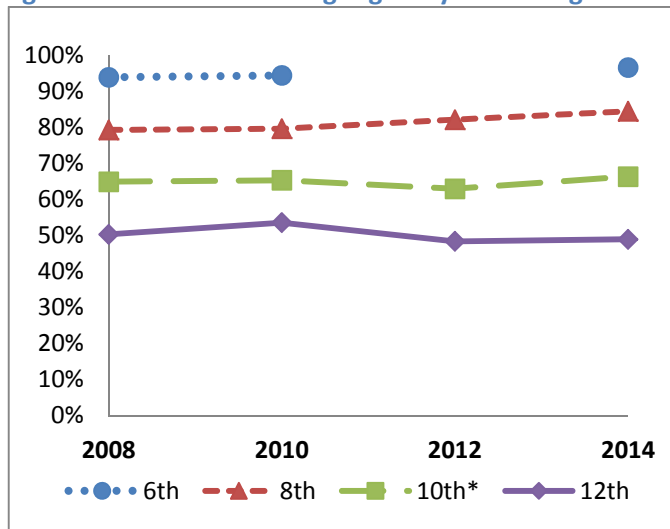


Figure 2.6 data:

	2008	2010	2012	2014
6th	93.9%	94.4%		96.6%
8th	79.3%	79.6%	82.1%	84.5%
10th*	64.9%	65.3%	63.0%	66.3%
12th	50.3%	53.6%	48.4%	48.9%

* statistically significant change ($p < .05$) from 2012 to 2014

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

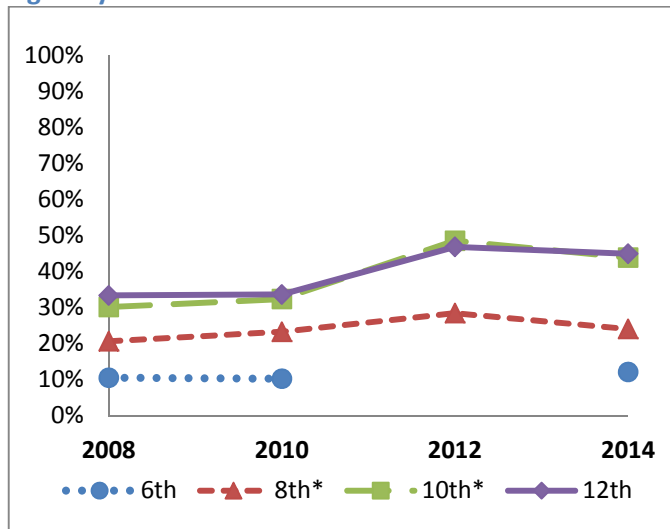


Figure 2.7 data:

	2008	2010	2012	2014
6th	10.5%	10.2%		12.1%
8th*	20.6%	23.2%	28.4%	24.0%
10th*	30.1%	32.3%	48.5%	43.8%
12th	33.3%	33.6%	46.8%	44.9%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 2.8 Believe that their parents would feel regular (at least once or twice per month) youth use of alcohol would be "wrong" or "very wrong"

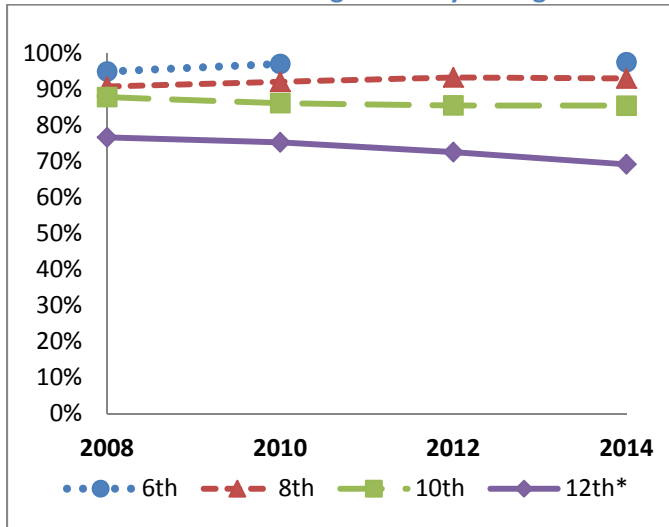


Figure 2.8 data:

	2008	2010	2012	2014
6th	94.9%	97.0%		97.5%
8th	90.7%	92.0%	93.2%	93.0%
10th	87.8%	86.1%	85.5%	85.4%
12th*	76.6%	75.2%	72.5%	69.1%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 2.9 Believe most adults in their neighborhood would think it is "wrong" or "very wrong" for kids their age to drink alcohol

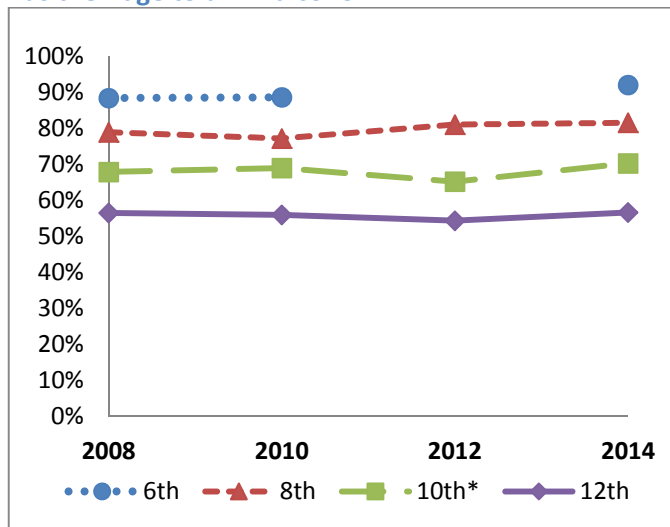


Figure 2.9 data:

	2008	2010	2012	2014
6th	88.3%	88.5%		91.9%
8th	78.8%	77.1%	80.9%	81.5%
10th*	67.8%	68.9%	65.1%	70.2%
12th	56.4%	55.9%	54.3%	56.6%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 2.10 Parental communication in the past year about not using alcohol

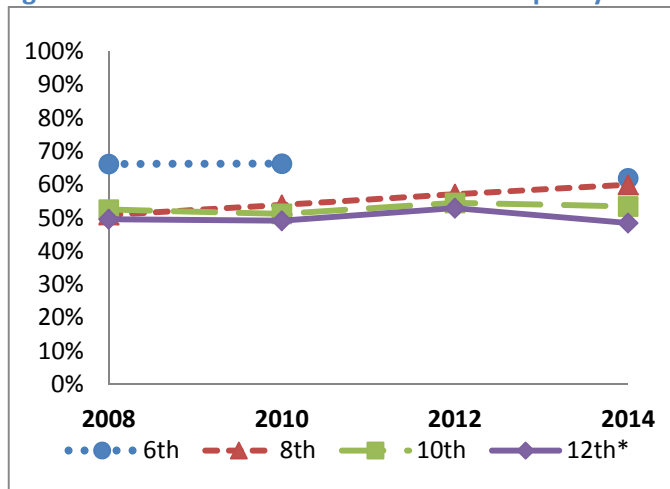


Figure 2.10 data:

	2008	2010	2012	2014
6th	66.2%	66.3%		61.9%
8th	50.9%	53.9%	57.1%	59.9%
10th	52.5%	51.2%	54.5%	53.5%
12th*	49.6%	49.1%	53.0%	48.5%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 2.11 Believe they would be caught by their parents if they drank alcohol

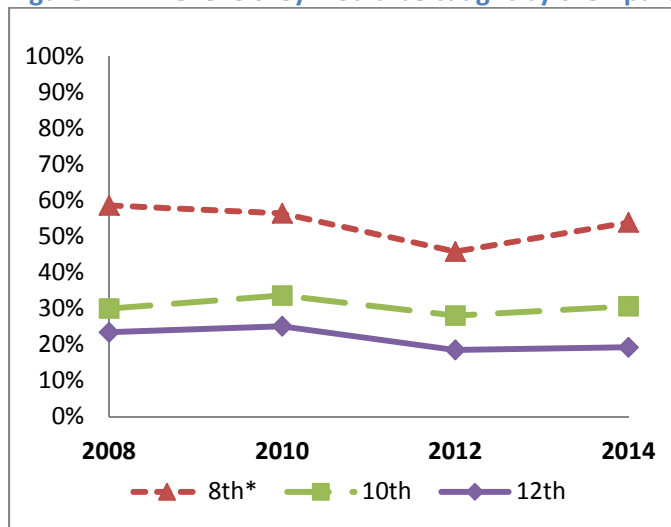


Figure 2.11 data:

	2008	2010	2012	2014
8th*	58.6%	56.4%	45.8%	53.9%
10th	30.0%	33.6%	28.0%	30.6%
12th	23.4%	25.1%	18.5%	19.2%

* statistically significant change ($p < .05$) from 2012 to 2014

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

Figure 2.12 Believe they would be caught by their parents if they went to a party where alcohol was served

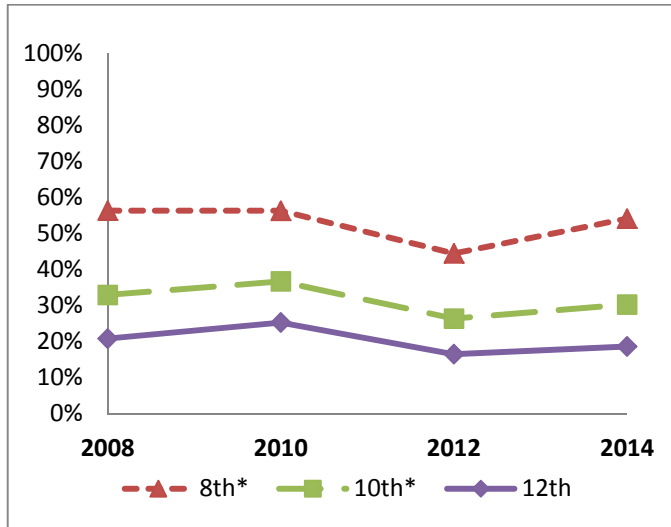


Figure 2.12 data:

	2008	2010	2012	2014
8th*	56.3%	56.3%	44.4%	54.1%
10th*	32.9%	36.7%	26.3%	30.3%
12th	20.8%	25.3%	16.5%	18.6%

* statistically significant change ($p < .05$) from 2012 to 2014

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

Figure 2.13 Would be caught by parents/guardians "most of the time" or "always" if rode in a car driven by a teen driver that had been drinking

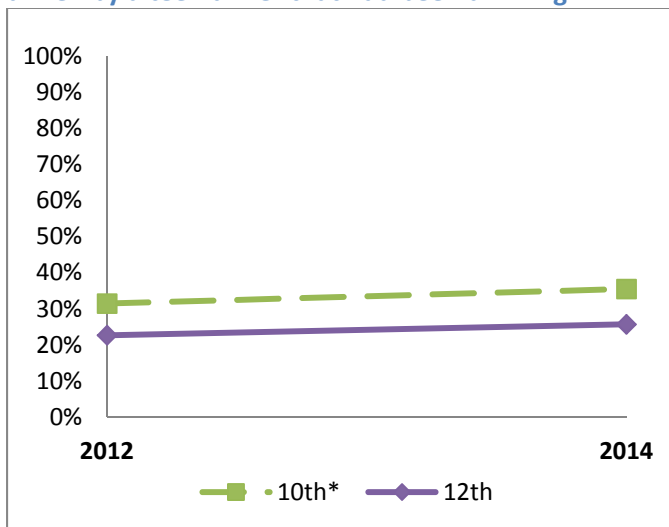


Figure 2.13 data:

	2012	2014
10th*	31.4%	35.5%
12th	22.6%	25.7%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 2.14 Believe alcohol is "sort of easy" or "very easy" to get

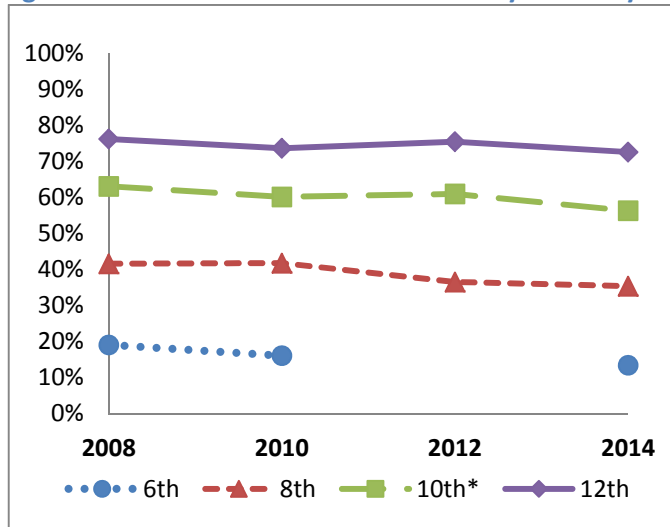


Figure 2.14 data:

	2008	2010	2012	2014
6th	19.1%	16.1%		13.5%
8th	41.6%	41.8%	36.5%	35.4%
10th*	63.1%	60.2%	61.0%	56.3%
12th	76.2%	73.6%	75.4%	72.6%

* statistically significant change (p<.05) from 2012 to 2014

Table 2.4 Sources of alcohol in 2014

Sources of Alcohol Access	Among Alcohol Users in the Past Year...		
	8th	10th	12th
Retail Purchase			
AT LEAST ONE retail source	5.1%	7.5%	12.9%
Bought it at a store or gas station	3.6%	6.0%	9.9%
Bought it at a bar or restaurant	2.2%	3.3%	6.8%
Use of Fake ID			
Purchased using a fake ID	N/A	0.7%	1.3%
Parent Supply			
Got it from my parents WITH their permission	38.8%	34.7%	33.0%
Social Access			
AT LEAST ONE social source (excluding parents)	51.5%	69.6%	76.4%
A friend gave it to me	27.0%	50.2%	60.3%
Got it at a party	34.1%	49.3%	60.2%
Gave a stranger money to buy it for me	5.7%	12.2%	16.8%
My older brother or sister gave it to me	14.1%	18.2%	24.5%
Got it from an adult (other than my parents) WITH that adult's permission	23.5%	26.2%	30.0%
Accessed Without Permission			
Took it from a store	3.2%	2.7%	3.0%
Got it from my parents WITHOUT their permission	25.2%	27.9%	26.2%
Got it from an adult (other than my parents) WITHOUT that adult's permission	13.2%	14.9%	13.5%

Figure 2.15 Obtained alcohol through at least one SOCIAL source – Among those that have used in the past year

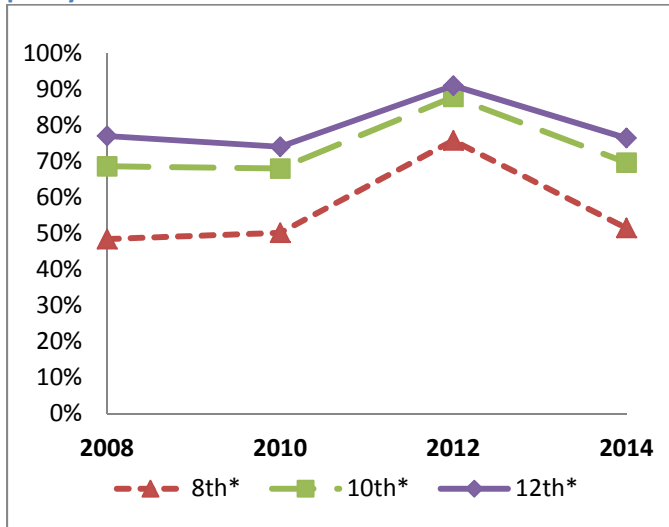


Figure 2.15 data:

	2008	2010	2012	2014
8th*	48.4%	50.2%	75.8%	51.5%
10th*	68.6%	68.0%	87.8%	69.6%
12th*	77.0%	74.0%	91.0%	76.4%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 2.16 Obtained alcohol through at least one RETAIL source – Among those that have used in the past year

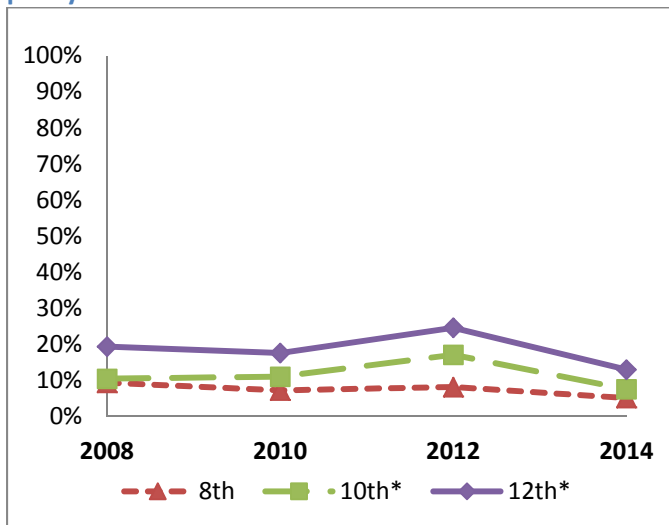


Figure 2.16 data:

	2008	2010	2012	2014
8th	9.3%	7.2%	8.1%	5.1%
10th*	10.4%	11.0%	17.0%	7.5%
12th*	19.3%	17.5%	24.5%	12.9%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 2.17 Obtained alcohol through PARENTS WITH PERMISSION – Among those that have used in the past year

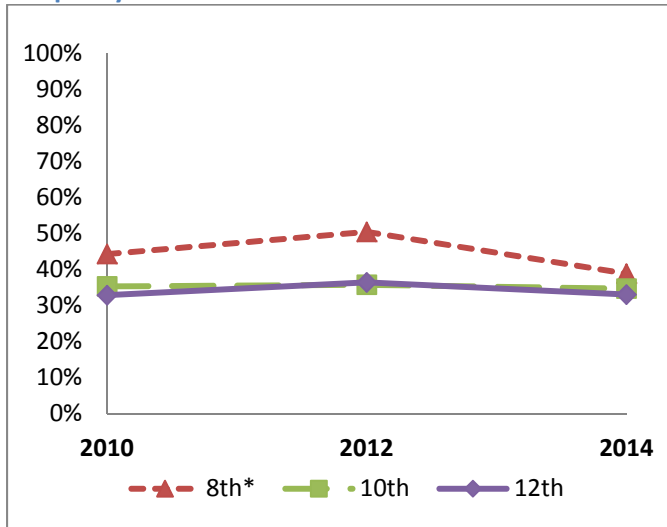


Figure 2.17 data:

	2010	2012	2014
8th*	44.3%	50.4%	38.8%
10th	35.3%	35.7%	34.7%
12th	32.8%	36.4%	33.0%

* statistically significant change (p<.05) from 2012 to 2014

Table 2.5 Differences* in alcohol-related contributing factors by Illinois community type among 8th-12th grade youth combined in 2014

Indicator	Suburban Chicago	Chicago	Other Urban/ Suburban	Rural
Believe "great risk" associated with daily drinking	43.1%* (highest)	39.8%	35.1%	32.0%
Believe alcohol is "sort of easy" or "very easy" to get	58.6%* (highest)	45.5%	52.0%	52.0%
Believe they would be caught by their parents "most of the time" or "always" if they drank alcohol	34.3%	29.2%* (lowest)	36.5%	43.0%* (highest)
Gave a stranger money to buy alcohol for them (among alcohol users in the past year)	12.5%	17.8%* (highest)	11.5%	9.9%

* 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, see Appendix 8: *Monitoring the Future* Methodology.

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:

- **2012 vs. 2014 IYS responses by grade** -- to determine changes in Illinois youth over time for 8th, 10th and 12th grade youth.
- **2014 IYS responses between youth living in four different types of Illinois community environments:** 1) *City of Chicago*, 2) *Suburban Chicago Counties - including Suburban Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, and Will*, 3) *Other Urban/Suburban Counties - excluding Suburban Chicago Counties*, and 4) *Rural Counties*. Community type estimates for 2014 are based on combined 8th, 10th, and 12th grade IYS data. For more information about how these community types are defined and a full list of areas included in each, refer to Appendix 9: 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 7: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Driving after drinking is on the decline among 12th graders.** A positive shift is observed in reports of driving after drinking among 12th graders in 2014 (13.9%) compared to 2012 (17.5%). This is the first time driving under the influence of alcohol has decreased among high school students since 2010.
- **Reports of health and academic consequences of alcohol among high school youth are down in 2014.** Compared to rates reported in 2012, the following negative consequences while or after drinking are less often reported by both 10th and 12th graders in 2014: Getting into an argument or fight, damaging property, performing poorly on a test or important project, and being treated in a hospital Emergency Department. Additionally, fewer 10th grade youth report being hurt or injured, being a victim of a violent crime, and being in trouble with the police while or after drinking alcohol in 2014 than in 2012.

Illinois Highlights – Figures and Tables

Figure 2.18 Driving after drinking alcohol – At least once in the past year

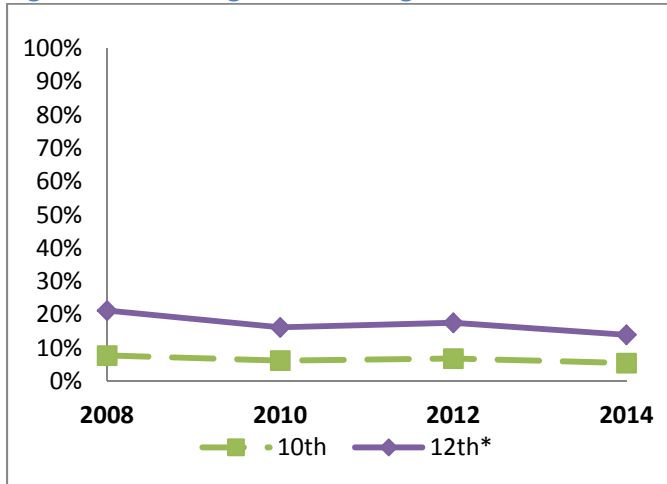


Figure 2.18 data:

	2008	2010	2012	2014
10th	7.7%	6.2%	6.8%	5.4%
12th*	21.2%	16.2%	17.5%	13.9%

* statistically significant change ($p < .05$) from 2012 to 2014

Table 2.6 Trends in alcohol consequences from 2012 to 2014 – 10th Grade

In the past 12 months, experienced while or after drinking alcohol:	2012	2014
Got into an argument or fight	14.2%	8.9%*
Been hurt or injured	7.7%	5.5%*
Damaged property	5.5%	3.7%*
Performed poorly on a test or important project	6.5%	4.0%*
Been in trouble with the police	5.4%	3.4%*
Been treated in a hospital Emergency Department	2.4%	1.4%*
Been a victim of a violent crime	1.8%	0.9%*

Table 2.7 Trends in alcohol consequences from 2012 to 2014 – 12th Grade

In the past 12 months, experienced while or after drinking alcohol:	2012	2014
Got into an argument or fight	17.1%	12.8%*
Been hurt or injured	9.1%	8.2%
Damaged property	7.3%	4.8%*
Performed poorly on a test or important project	6.3%	4.1%*
Been in trouble with the police	6.1%	4.6%
Been treated in a hospital Emergency Department	2.4%	1.0%*
Been a victim of a violent crime	2.2%	1.3%*

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:

- 2014 IYS responses by grade level (6th, 8th, 10th, 12th)
- IYS 2008, 2010, 2012, and 2014 responses by grade level (6th, 8th, 10th, 12th) with statistical comparisons between 2012 and 2014 for 8th, 10th, and 12th grade
- Illinois 2014 and National 2013 comparisons by grade level (8th, 10th, 12th)
- 2014 IYS responses (combined grades 8th-12th) by four Illinois community types

Section 3 – Cigarettes and Other Tobacco

Overview

This section of the 2014 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 for cigarette use in the past year and use the past 30 days. In addition, past 30 day use of smokeless tobacco, and smoked tobacco products (other than cigarettes) are presented. Finally, summaries are shared to provide estimates of youth who have used 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. For additional information about tobacco information, see Section 1: Illinois Snapshot of Youth Substance Use.

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 smoked tobacco use (other than cigarettes e.g. cigars, cigarillos, little cigars)
- Past 30-day use of any tobacco product (cigarettes, smokeless tobacco, or other smoked tobacco)

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

- **2012 vs. 2014 IYS responses by grade** -- to determine changes in Illinois youth over time. Note that there are no 6th grade 2012 vs. 2014 comparisons available due to the lack of 6th grade participation in Chicago during 2012.
- **2014 IYS responses vs. national estimates** from the 2013 *Monitoring the Future Study* -- to determine how Illinois youth compare with national youth. See Appendix 8: *Monitoring the Future Methodology* for more information about this national study.
- **2014 IYS responses between youth living in four different types of Illinois community environments:** 1) *City of Chicago*, 2) *Suburban Chicago Counties - including Suburban Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, and Will*, 3) *Other Urban/Suburban Counties - excluding Suburban Chicago Counties*, and 4) *Rural Counties*. Community type estimates for 2014 are based on combined 8th, 10th, and 12th grade IYS data. For more information about how these community types are defined and a full list of areas included in each, refer to Appendix 9: 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 7: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Cigarette use is down at all grade levels.** In 2014, reports of smoking cigarettes in the past year and in the past 30 days is decreasing among 8th, 10th and 12th graders, compared to 2012. In addition, Illinois 8th and 10th graders are less likely than their national counterparts to report cigarette use in the past 30 days.
- **Use of smoked tobacco, other than cigarettes (e.g. cigars, cigarillos, or little cigars), is lower among 10th graders in 2014 compared to 2012.** In 2014, reports of smoking tobacco products other than cigarettes in the past 30 days is decreasing among 10th graders, compared to 2012.
- **There is no change in use of smokeless tobacco at any grade level from 2012 to 2014.** However, of all tobacco products, smokeless tobacco is the least commonly used at all age groups. In comparison with national norms, Illinois 10th graders report lower rates of smokeless tobacco use than the national sample of 10th graders.
- **In 2014, 10th graders are less likely to report using any type of tobacco product, compared to 2012.** Use of any tobacco product in the past 30 days fell from 14.0% in 2012 to 9.5% in 2014 among 10th graders. In 2014, use of any tobacco product ranged from a low of 1.8% among 6th graders to a high of 23% among 12th graders.
- **Compared to 8th-12th grade youth from all other community types in Illinois, 8th-12th grade RURAL youth:**
 - *are more likely to report smoking cigarettes in the past 30 days*
 - *are more likely to report using any tobacco product (including cigarettes, other smoked tobacco and smokeless tobacco) in the past 30 days*

Illinois Highlights – Figures and Tables

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

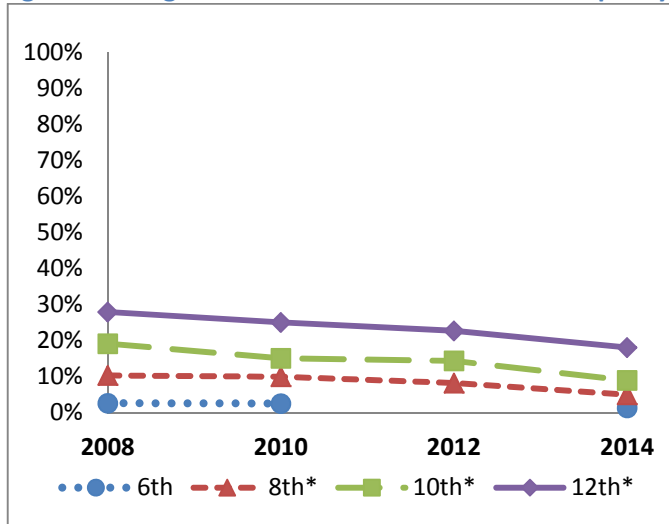


Figure 3.1 data:

	2008	2010	2012	2014
6th	2.6%	2.5%		1.3%
8th*	10.3%	10.0%	8.2%	4.9%
10th*	19.1%	15.1%	14.3%	8.9%
12th*	27.9%	25.0%	22.7%	18.0%

* statistically significant change ($p < .05$) from 2012 to 2014

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

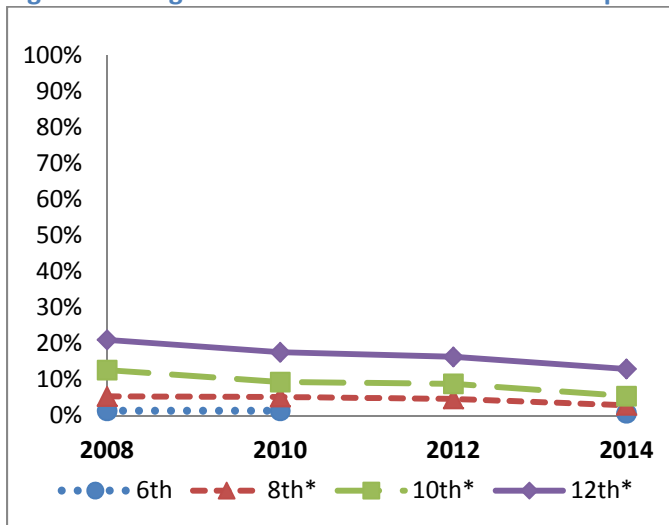


Figure 3.2 data:

	2008	2010	2012	2014
6th	1.3%	1.3%		0.6%
8th*	5.3%	5.1%	4.6%	2.8%
10th*	12.6%	9.3%	8.8%	5.4%
12th*	21.0%	17.6%	16.3%	12.9%

* statistically significant change ($p < .05$) from 2012 to 2014

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

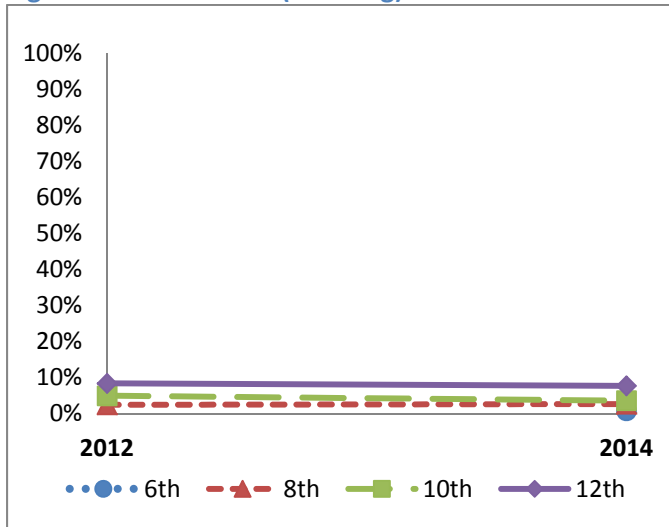


Figure 3.3 data:

	2012	2014
6th		0.8%
8th	2.5%	2.7%
10th	5.0%	3.6%
12th	8.4%	7.7%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 3.4 Smoked tobacco (other than cigarettes such as cigars, cigarillos, and little cigars) – Used at least once in the past 30 days

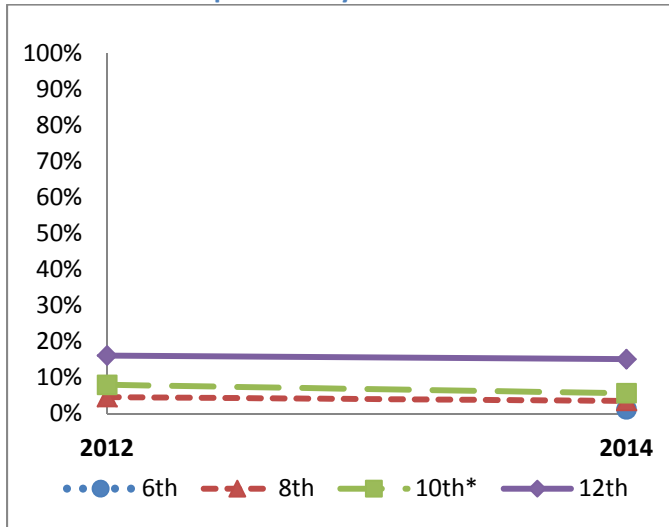


Figure 3.4 data:

	2012	2014
6th		1.2%
8th	4.6%	3.5%
10th*	8.0%	5.6%
12th	16.1%	15.1%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 3.5 Any tobacco product (INCLUDING cigarettes) – Used at least once in the past 30 days

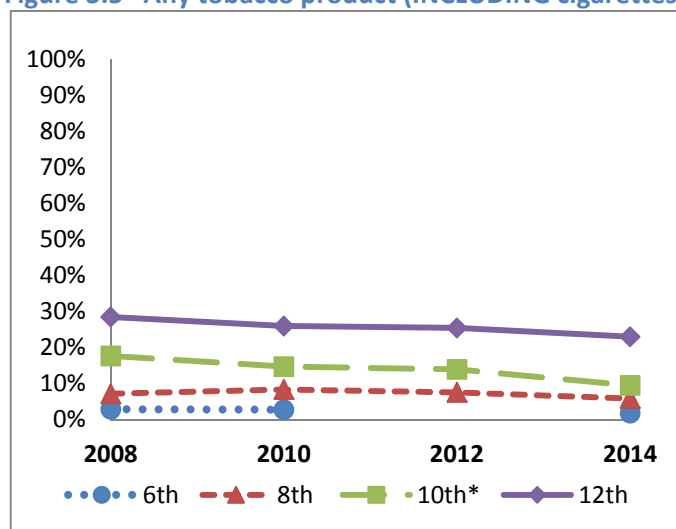


Figure 3.5 data:

	2008	2010	2012	2014
6th	2.9%	2.8%		1.8%
8th	7.2%	8.4%	7.6%	5.9%
10th*	17.7%	14.8%	14.0%	9.5%
12th	28.5%	26.0%	25.5%	23.0%

* statistically significant change (p<.05) from 2012 to 2014

Table 3.1 Differences* in tobacco use patterns by Illinois community type (among 8th-12th graders combined) in 2014

Indicator	Suburban Chicago	Chicago	Other Urban/ Suburban	Rural
Smoked cigarettes in the past 30 days	6.5%	5.6%	6.3%	12.0%* (highest)
Used any tobacco product, including cigarettes, in the past 30 days	12.2%	10.7%	12.2%	17.6%* (highest)

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

National Estimates

Table 3.2 National (2013) vs. Illinois (2014) estimates for cigarette use, 8th-12th grade

	8th		10th		12th	
	Illinois	US ¹	Illinois	US ¹	Illinois	US ¹
Cigarettes - Past 30 Days	2.8%	4.5%*	5.4%	9.1%*	12.9%	16.3%
Smokeless (Chewing) Tobacco - Past 30 Days	2.7%	2.8%	3.6%	6.4%*	7.7%	8.1%

¹ National (US) data source is *Monitoring the Future Study* (2013). For more information, see Appendix 8: *Monitoring the Future Methodology*.

* Statistically significant difference 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 friends’ disapproval of youth cigarette use
- 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:

- **2012 vs. 2014 IYS responses by grade** -- to determine changes in Illinois youth over time. Note that there are no 6th grade 2012 vs. 2014 comparisons available due to the lack of 6th grade participation in Chicago during 2012.
- **2014 IYS responses between four different community types** across Illinois: 1) *City of Chicago*, 2) *Suburban Chicago Counties*, 3) *Other Urban/Suburban Counties* not in the Chicago Metropolitan Area, and 4) *Rural Counties* to observe differences between youth living in different types of Illinois environments. Community type estimates for 2014 are based on combined 8th, 10th and 12th grade IYS data. For more information about how these community types are defined and a list of areas included in each, refer to Appendix 9: 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 7: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **More 12th grade youth perceive that daily cigarette smoking is risky.** The percentage of 12th grade youth who report “great risk” associated with smoking one or more packs of cigarettes per day increased from 65.4% in 2012 to 70.2% in 2014.

- **Disapproval of cigarette smoking is high and is increasing at all grade levels from 2012 to 2014.** Similar to changes observed in the rates of cigarette smoking at all levels, increasing numbers of 8th, 10th and 12th grade youth personally believe that teen cigarette smoking is “wrong” or “very wrong.” In addition, compared to beliefs reported in 2012, high school youth (10th and 12th graders) in 2014 are more likely to believe adults in their community disapprove of teen cigarette smoking. There has been no change over time in youth beliefs that their parents would disapprove of their teen smoking cigarettes, although beliefs about parent disapproval ratings remain very high and range from 99% of 6th graders to 88.2% of 12th graders in 2014.
- **Beliefs about pro-tobacco peer attitudes are decreasing.** Despite an increase from 2010 to 2012 among high school youth that peers would see them as “cool” if they smoked cigarettes, 8th and 10th graders in 2014 are less likely to report they would be seen as “cool” if they smoked cigarettes than in 2012. This is a very positive finding that is consistent with a drop in rates of cigarette smoking.
- **Access to cigarettes is perceived as more difficult among high school students in 2014.** There is a decline from 2012 to 2014 in the proportions of 10th and 12th graders who report that cigarettes would be “sort of easy” or “very easy” to get if they wanted some.
- **Further, reductions in both social and retail access to cigarettes are observed from 2012 to 2014.** Fewer 12th graders cigarette smokers in 2014 report obtaining cigarettes through one or more social sources (e.g. friend, sibling or stranger), and a lower proportion of 10th cigarette smokers in 2014 indicate they purchased cigarettes illegally than in 2012. Between clear shifts in anti-tobacco social norms and emphasis on reducing tobacco sales to minors, underage access to cigarettes is increasingly restricted.
- **In 2014, 12th graders are less likely to report that their parents have talked with them in the past year about not using cigarettes, compared to 12th graders in 2012.** This trend is not observed at any other grade level in 2014. Of all the contributing factors associated with tobacco use tracked through the IYS, this is the only negative trend that is observed in 2014.
- **Compared to 8th-12th grade youth all other community types in Illinois, 8th-12th grade RURAL youth:**
 - *are least likely to perceive that their parents would disapprove of their cigarette use*
- **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 through a friend*

Illinois Highlights – Figures and Tables

Figure 3.6 Believe “great risk” is associated with smoking 1 or more packs of cigarettes per day

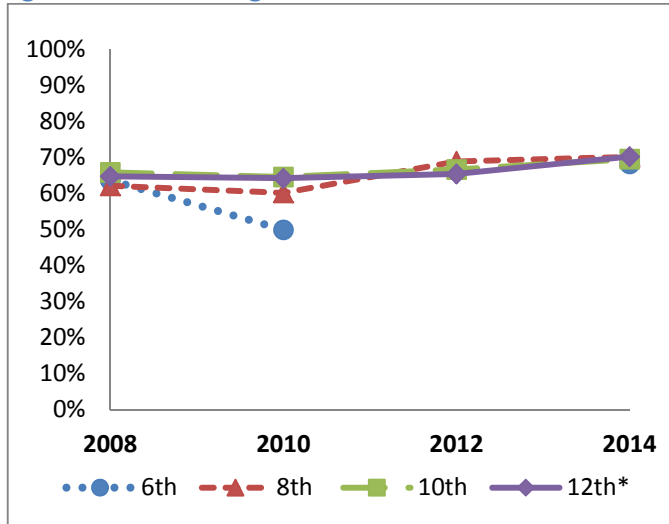


Figure 3.6 data:

	2008	2010	2012	2014
6th	63.6%	49.9%	68.1%	68.1%
8th	62.1%	60.1%	68.9%	70.1%
10th	65.8%	64.5%	66.6%	69.5%
12th*	64.7%	64.2%	65.4%	70.2%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 3.7 Believe that smoking cigarettes at their age would be “wrong” or “very wrong”

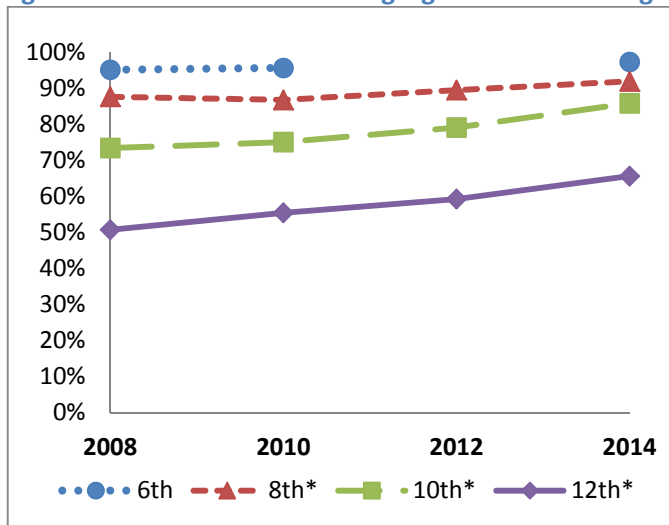


Figure 3.7 data:

	2008	2010	2012	2014
6th	95.1%	95.6%	97.3%	97.3%
8th*	87.6%	86.7%	89.4%	91.9%
10th*	73.4%	75.0%	79.1%	85.8%
12th*	50.7%	55.4%	59.2%	65.6%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 3.8 Believe there is at least some chance that they would be thought of as "cool" if they smoked cigarettes

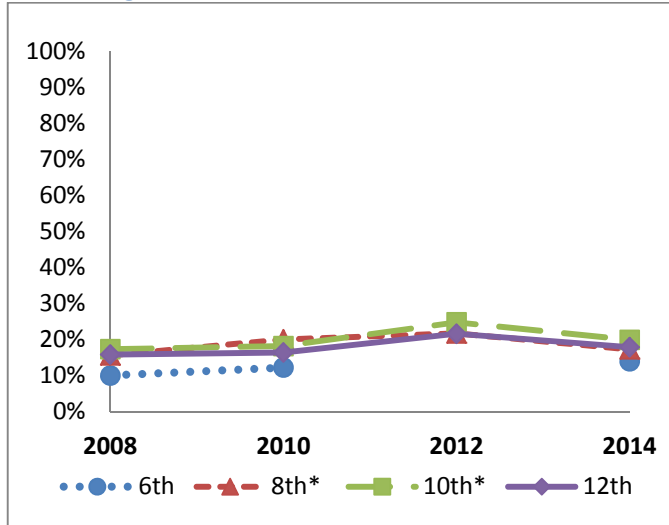


Figure 3.8 data:

	2008	2010	2012	2014
6th	10.0%	12.2%		14.0%
8th*	15.6%	20.0%	21.7%	17.3%
10th*	17.3%	18.2%	24.8%	19.9%
12th	15.8%	16.4%	21.6%	17.9%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 3.9 Believe their parents feel it would be "wrong" or "very wrong" for them to smoke cigarettes

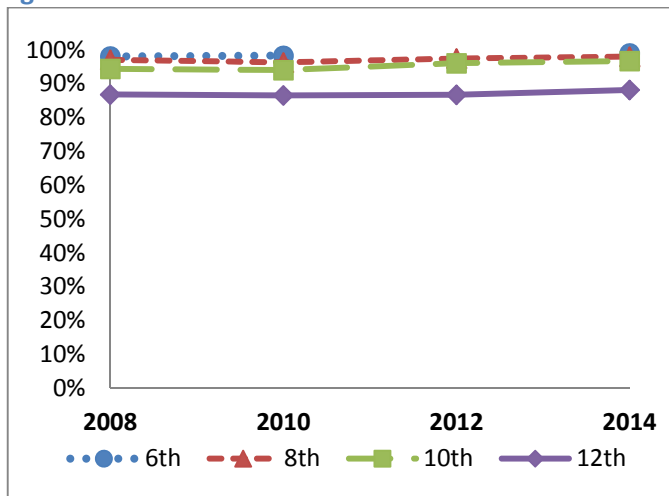


Figure 3.9 data:

	2008	2010	2012	2014
6th	98.1%	98.3%		99.0%
8th	97.1%	96.3%	97.5%	98.0%
10th	94.4%	94.1%	96.1%	96.7%
12th	86.8%	86.5%	86.7%	88.2%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 3.10 Parental communication in the past year about not using tobacco

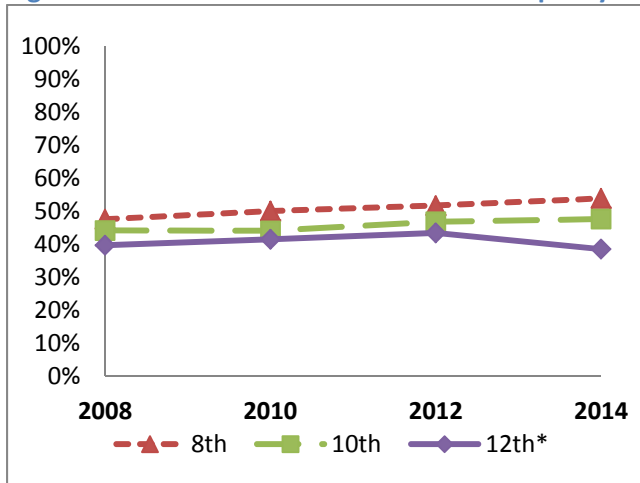


Figure 3.10 data:

	2008	2010	2012	2014
8th	47.6%	50.1%	51.8%	53.9%
10th	44.2%	44.1%	46.8%	47.7%
12th*	39.7%	41.5%	43.4%	38.5%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 3.11 Believe that most adults in their neighborhood think it is "wrong" or "very wrong" for kids their age to smoke cigarettes

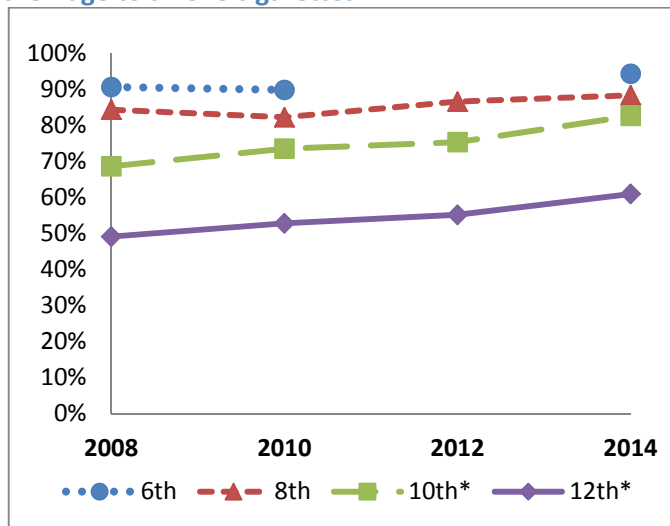


Figure 3.11 data:

	2008	2010	2012	2014
6th	90.6%	89.8%		94.3%
8th	84.3%	82.2%	86.6%	88.3%
10th*	68.6%	73.5%	75.3%	82.6%
12th*	49.1%	52.8%	55.1%	60.9%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 3.12 Believe that cigarettes would be easy to get if they wanted some

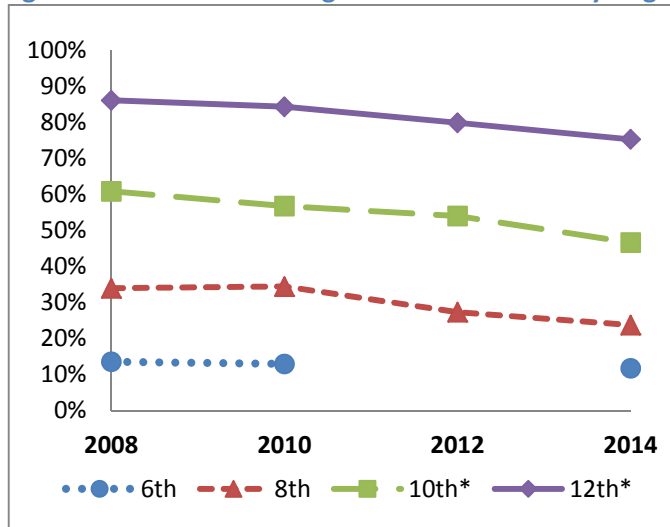


Figure 3.12 data:

	2008	2010	2012	2014
6th	13.6%	13.0%		11.8%
8th	34.0%	34.5%	27.4%	23.8%
10th*	60.9%	56.8%	54.0%	46.7%
12th*	86.1%	84.3%	79.9%	75.3%

* statistically significant change ($p < .05$) from 2012 to 2014

Table 3.3 Sources of tobacco in 2014

Sources of Tobacco Access	Among Tobacco Users in the Past Year...		
	8th	10th	12th
Retail Purchase			
AT LEAST ONE retail source	20.5%	31.8%	71.6%
Bought them at a gas station or store	19.2%	31.0%	71.3%
Bought them from a vending machine	5.9%	2.2%	4.3%
Use of Fake ID			
Purchased using a fake ID	N/A	0.7%	1.3%
Parent Supply			
Got them from my parents WITH their permission	6.3%	14.2%	14.1%
Social Access			
AT LEAST ONE social source (excluding parents)	75.1%	82.8%	68.3%
A friend gave them to me	69.4%	78.9%	63.6%
My older brother or sister gave them to me	18.0%	25.6%	18.1%
Gave a stranger money to buy them for me	26.5%	35.2%	17.5%
Accessed Without Permission			
Got them from my parents WITHOUT their permission	37.4%	33.8%	11.2%
Took them from a store	11.7%	9.0%	3.3%

Figure 3.13 Obtained tobacco through any SOCIAL source – Among those that have used in the past year

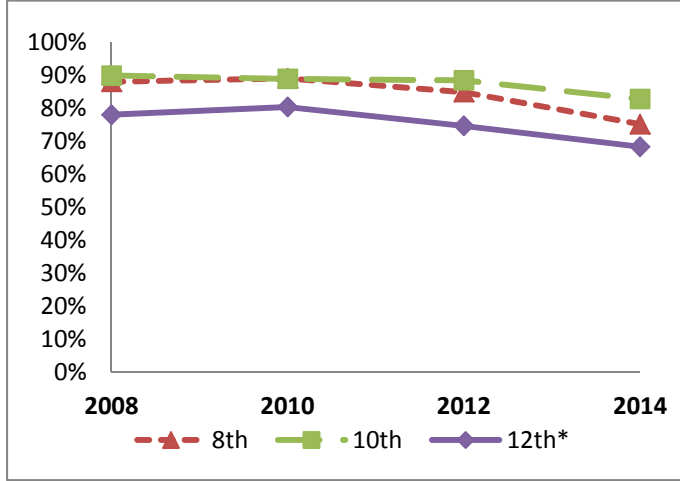


Figure 3.13 data:

	2008	2010	2012	2014
8th	88.0%	89.0%	84.9%	75.1%
10th	89.9%	88.9%	88.5%	82.8%
12th*	78.0%	80.4%	74.6%	68.3%

* statistically significant change (p<.05) from 2012 to 2014

Figure 3.14 Obtained tobacco through any RETAIL source – Among those that have used in the past year

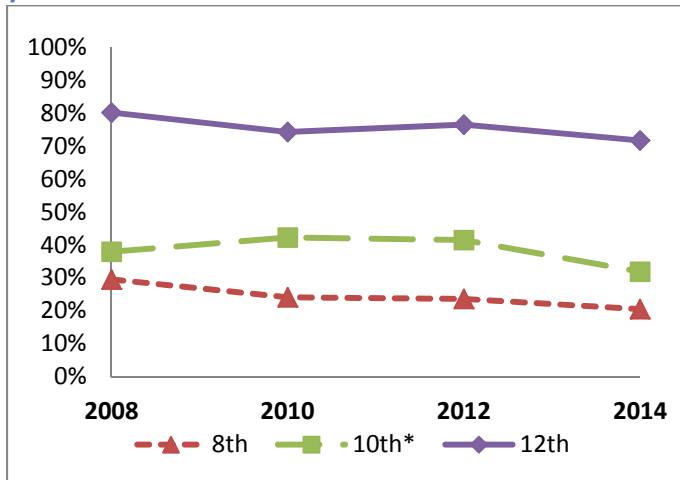


Figure 3.14 data:

	2008	2010	2012	2014
8th	29.5%	24.1%	23.6%	20.5%
10th*	37.9%	42.2%	41.4%	31.8%
12th	80.1%	74.2%	76.4%	71.6%

* statistically significant change (p<.05) from 2012 to 2014

Table 3.4 Differences* in tobacco-related contributing factors by Illinois community type, 8th-12th grade youth combined in 2014

Indicator	Suburban Chicago	Chicago	Other Urban/ Suburban	Rural
Got tobacco from a friend that gave it to them	69.5%	53.8%* (lowest)	74.7%	78.0%
Believe their parents feel it would be "wrong" or "very wrong" for them to smoke cigarettes	94.9%	95.8%	94.3%	90.7%* (lowest)

* 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, see Appendix 8: *Monitoring the Future* Methodology.

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:

- 2014 IYS responses by grade level (6th, 8th, 10th, 12th)
- IYS 2008, 2010, 2012, and 2014 responses by grade level (6th, 8th, 10th, 12th) with statistical comparisons between 2012 and 2014 for 8th, 10th and 12th grade
- Illinois 2014 and National 2013 comparisons by grade level (8th, 10th, 12th)
- 2014 IYS responses (combined grades 8th-12th) by four Illinois community types

Section 4 – Marijuana

Overview

This chapter of the 2014 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. Additional information about marijuana use can be found in Section 1: Illinois Snapshot of Youth Substance Use.

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)
- First use of marijuana before age 15 (reported in Section 1: Illinois Snapshot of Youth Substance Use)
- Past year marijuana use
- Past 30-day marijuana use
- Driving after using marijuana 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:

- **2012 vs. 2014 IYS responses by grade** -- to determine changes in Illinois youth over time. Note that there are no 6th grade 2012 vs. 2014 comparisons available due to the lack of 6th grade participation in Chicago during 2012.
- **2014 IYS responses vs. national estimates** from the 2013 *Monitoring the Future Study* -- to determine how Illinois youth compare with national youth. See Appendix 8: *Monitoring the Future Methodology* for more information about this national study.
- **2014 IYS responses between youth living in four different types of Illinois community environments:** 1) *City of Chicago*, 2) *Suburban Chicago Counties - including Suburban Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, and Will*, 3) *Other Urban/Suburban Counties - excluding Suburban Chicago Counties*, and 4) *Rural Counties*. Community type estimates for 2014 are based on combined 8th, 10th, and 12th grade IYS data. For more information about how these community types are defined and a full list of areas included in each, refer to Appendix 9: 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 7: 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 2012 to 2014 for 8th, 10th and 12th grade youth.** In fact, marijuana use has not changed at any grade level since 2008. Additionally, while marijuana use among Illinois youth did not differ from rates of national youth at any grade level in 2012, Illinois 10th graders in 2014 are less likely to report using marijuana in the past 30 days.
- **Compared to 8th-12th grade youth from all other community types in Illinois, 8th-12th grade CHICAGO youth:**
 - *are most likely to report using marijuana in the past year and past 30 days*
- **Trends in driving after using marijuana cannot be statistically compared between 2012 and 2014.** From 2008 to 2012, the IYS asked youth to report how often they drove “after using marijuana or other illegal drugs in the past year.” Given the recent emphasis on tracking marijuana indicators at the state and national levels, the 2014 IYS question was modified to limit the question to driving “after using marijuana in the past year” (removed “and other illegal drugs” from the question) . Although the scope of the question is more limited in 2014 and statistical comparisons cannot be made with 2012, rates of driving after using marijuana appear similar in 2012 (10th grade= 10.9%; 12th grade= 21.2%) and 2014 (10th grade= 9.1%; 12th grade= 22.1%). 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

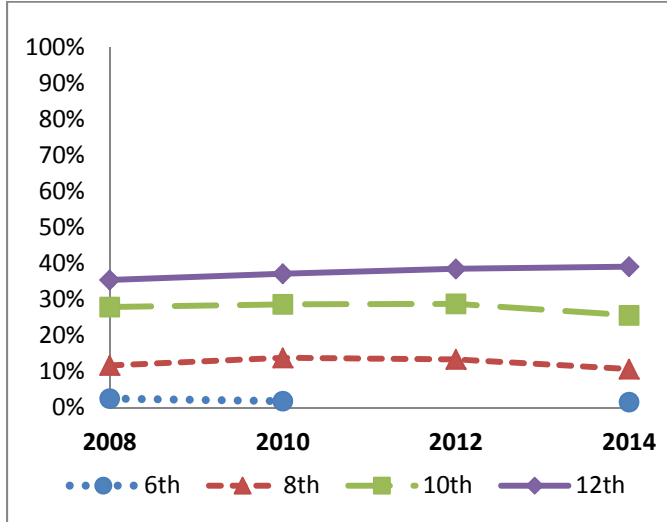


Figure 4.1 data:

	2008	2010	2012	2014
6th	2.5%	1.8%		1.5%
8th	11.7%	13.8%	13.4%	10.7%
10th	27.9%	28.7%	28.8%	25.6%
12th	35.4%	37.1%	38.5%	39.1%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

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

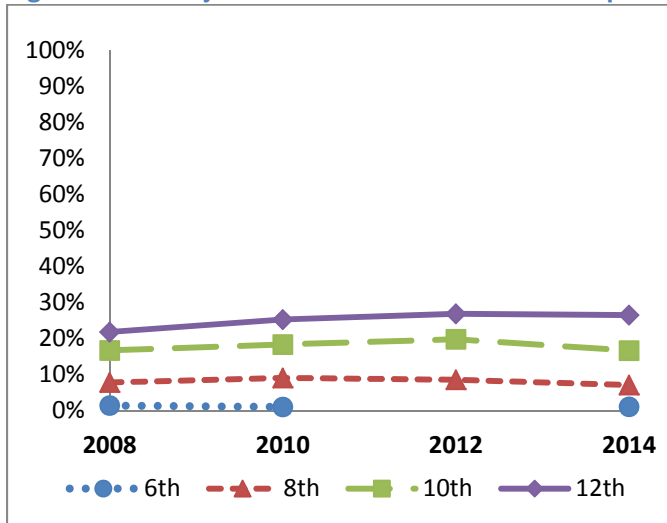


Figure 4.2 data:

	2008	2010	2012	2014
6th	1.4%	1.0%		1.0%
8th	7.8%	9.1%	8.5%	7.1%
10th	16.7%	18.3%	19.8%	16.6%
12th	21.8%	25.3%	26.8%	26.5%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 4.3 Driving after using marijuana – At least once in the past year¹

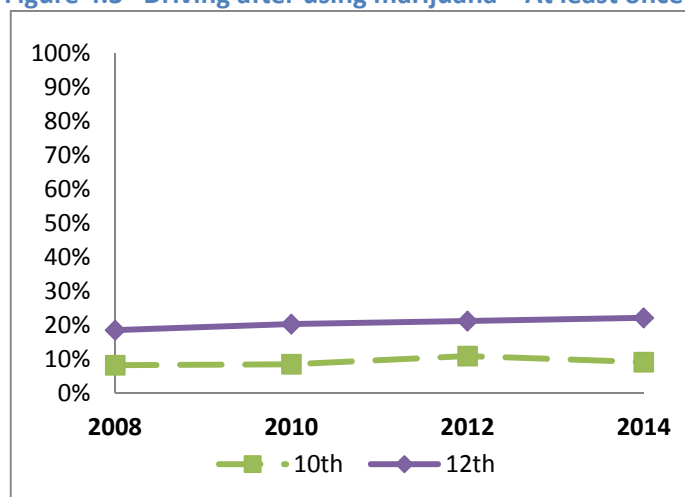


Figure 4.3 data:

	2008	2010	2012	2014
10th	8.2%	8.5%	10.9%	9.1%
12th	18.5%	20.3%	21.2%	22.1%

*Question wording changed in 2014, unable to statistically compare 2012 to 2014

¹Question from 2008 – 2012: In the past 12 months, how many times did you drive a car or other vehicle when you had been using marijuana or other illegal drugs?

Table 4.1 Differences* in marijuana use patterns by Illinois community type (among 8th-12th graders combined) in 2014

Indicator	Suburban Chicago	Chicago	Other Urban/ Suburban	Rural
Used marijuana in the past year	24.8%	31.2%* (highest)	22.8%	18.5%
Used marijuana in the past 30 days	16.3%	22.2%* (highest)	14.7%	12.3%

* Indicates differences that reached statistical significance (p<.05)

National Estimates

Table 4.2 National (2013) vs. Illinois (2014) estimates for marijuana use, 8th-12th grade

	8th		10th		12th	
	Illinois	US ¹	Illinois	US ¹	Illinois	US ¹
Marijuana - Past year	10.7%	12.7%	25.6%	29.8%	39.1%	36.4%
Marijuana - Past 30 days	7.1%	7.0%	16.6%	18.0%*	26.5%	22.7%

¹National (US) data source is *Monitoring the Future Study* (2013). For more information, see Appendix 8: *Monitoring the Future Methodology*.

*Statistically significant difference 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
- 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 friends’ disapproval of youth marijuana use
- 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 (2008 to 2012 included communication about other illegal drugs)
- 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:

- **2012 vs. 2014 IYS responses by grade** -- to determine changes in Illinois youth over time. Note that there are no 6th grade 2012 vs. 2014 comparisons available due to the lack of 6th grade participation in Chicago during 2012.
- **2014 IYS responses between youth living in four different types of Illinois community environments:** 1) *City of Chicago*, 2) *Suburban Chicago Counties - including Suburban Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, and Will*, 3) *Other Urban/Suburban Counties - excluding Suburban Chicago Counties*, and 4) *Rural Counties*. Community type estimates for 2014 are based on combined 8th, 10th, and 12th grade IYS data. For more information about how these community types are defined and a full list of areas included in each, refer to Appendix 9: 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 7: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Perceived harm associated with smoking marijuana once or twice a week is higher among 8th graders in 2014 compared to 2012.** This is the first time since 2008 that a favorable trend in perceptions of risk and harm associated with smoking marijuana has been observed at any grade level.
- **However, perceptions of favorable peer marijuana attitudes are continuing to increase among the oldest adolescents.** The proportion of 12th graders who believe they would be seen as “cool” if they smoked marijuana increased from 2010 to 2012 and again from 2012 to 2014. Similarly, fewer 12th graders in 2014 vs. in 2012 report they personally believe that teen marijuana use is “wrong” or “very wrong.” No changes in pro-marijuana peer norms are observed in 8th or 10th grade youth in 2014.

- **Fewer youth at all grade levels believe their parents disapprove of marijuana use.** Although this is a concerning trend, the strong majority of youth at all grade levels believe their parents feel it would be “wrong” or “very wrong” for them to use marijuana in 2014. Rates of perceived parent disapproval range from 99.1% of 6th graders to 83.5% of 12th graders who hold that opinion.
- **Trends in parent/guardian communication with youth about not using marijuana is unable to be statistically compared between 2012 and 2014.** A small but important modification was made in 2014 to the IYS question regarding messages from parents/guardians. From 2008 to 2012, the question asked youth to report whether their parent or guardian has talked with them about not using marijuana or other illegal drugs. In light of the recent focus on tracking marijuana indicators, the question was limited to communication about marijuana. As a result, any differences from 2012 to 2014 cannot be attributed to changes in communication.
- **Compared to 8th-12th grade youth from all other community types in Illinois, CHICAGO 8th-12th grade youth:**
 - *are most likely to believe they would be seen as “cool” if they smoked marijuana*
 - *are most likely to report that marijuana would be “sort of easy” or “very easy” to get if they wanted some*
 - *are least likely to believe their friends feel it would be “wrong” or “very wrong” if they used marijuana*
 - *are least likely to personally hold the opinion that teen marijuana use is “wrong” or “very wrong”*
- **Compared to 8th-12th grade youth from all other community types in Illinois, RURAL 8th-12th grade youth:**
 - *are least likely to believe they would be seen as “cool” if they smoked marijuana*
 - *are least likely to report that marijuana would be “sort of easy” or “very easy” to get if they wanted some*

Illinois Highlights – Figures and Tables

Figure 4.4 Believe "great risk" is associated with smoking marijuana once or twice a week

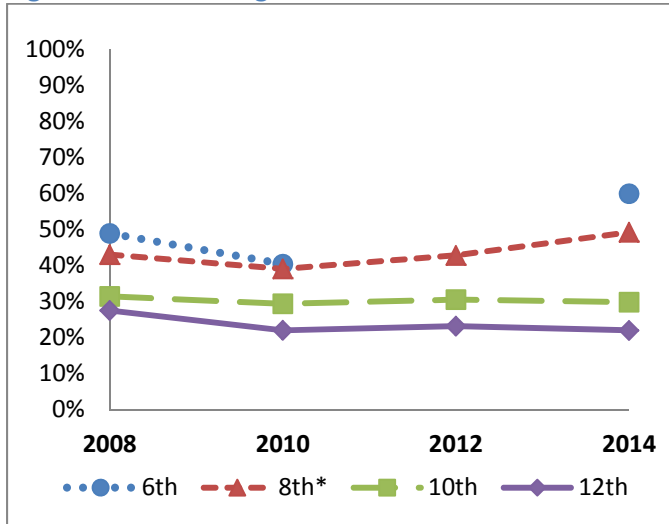


Figure 4.4 data:

	2008	2010	2012	2014
6th	48.9%	40.4%		59.9%
8th*	43.0%	39.0%	42.8%	49.2%
10th	31.4%	29.4%	30.5%	29.8%
12th	27.5%	22.0%	23.2%	22.0%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 4.5 Believe smoking marijuana at their age would be "wrong" or "very wrong"

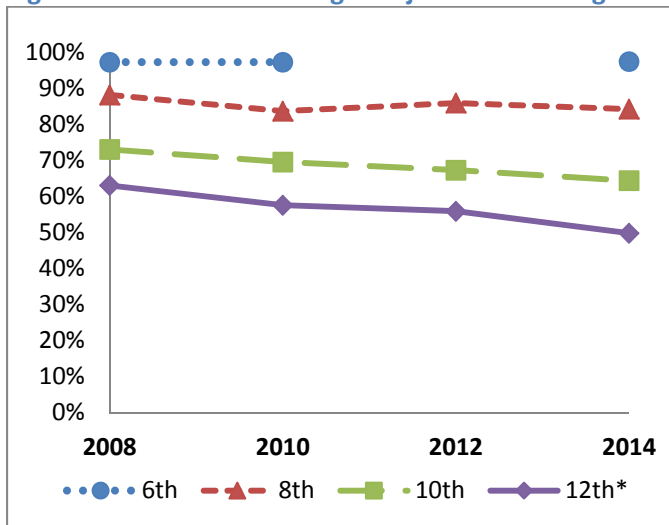


Figure 4.5 data:

	2008	2010	2012	2014
6th	97.2%	97.2%		97.4%
8th	88.1%	83.6%	85.9%	84.2%
10th	73.0%	69.5%	67.2%	64.3%
12th*	63.0%	57.5%	55.8%	49.8%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 4.6 Believe there is at least some chance that they would be thought of as "cool" if they used marijuana

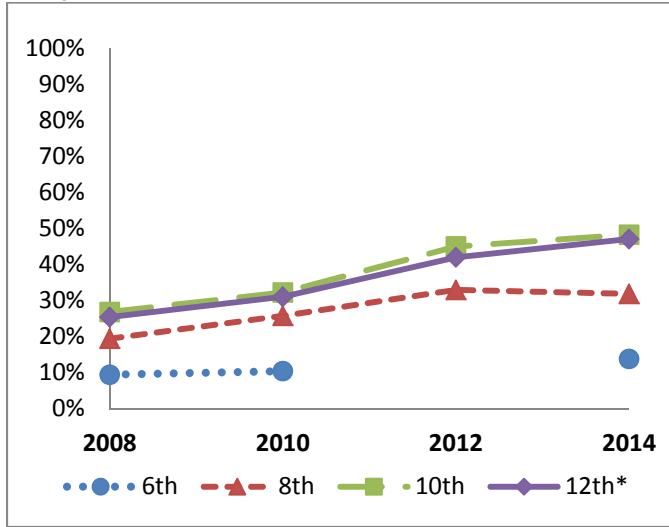


Figure 4.6 data:

	2008	2010	2012	2014
6th	9.4%	10.4%		13.8%
8th	19.4%	25.7%	32.9%	31.8%
10th	26.8%	32.2%	45.0%	48.2%
12th*	25.4%	31.0%	42.0%	47.0%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 4.7 Believe that their parents would feel youth use of marijuana would be "wrong" or "very wrong"

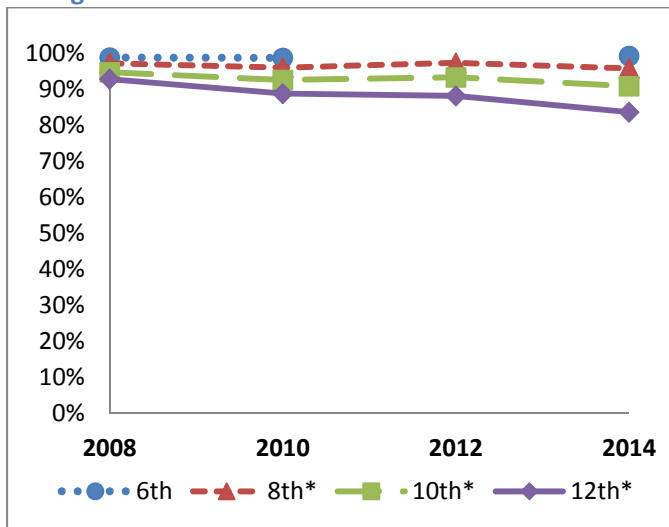


Figure 4.7 data:

	2008	2010	2012	2014
6th	98.7%	98.6%		99.1%
8th*	97.1%	95.9%	97.2%	95.7%
10th*	94.6%	92.5%	93.2%	90.8%
12th*	92.7%	88.7%	88.0%	83.5%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 4.8 Believe friends feel it would be "wrong" or "very wrong" for them to smoke marijuana

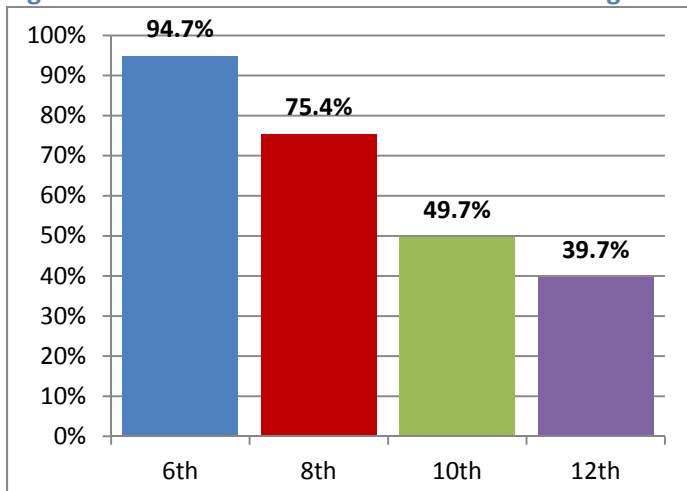


Figure 4.8 data:

	2014
6th	94.7%
8th	75.4%
10th	49.7%
12th	39.7%

Figure 4.9 Parents/guardians communicated in the past year about not using marijuana¹

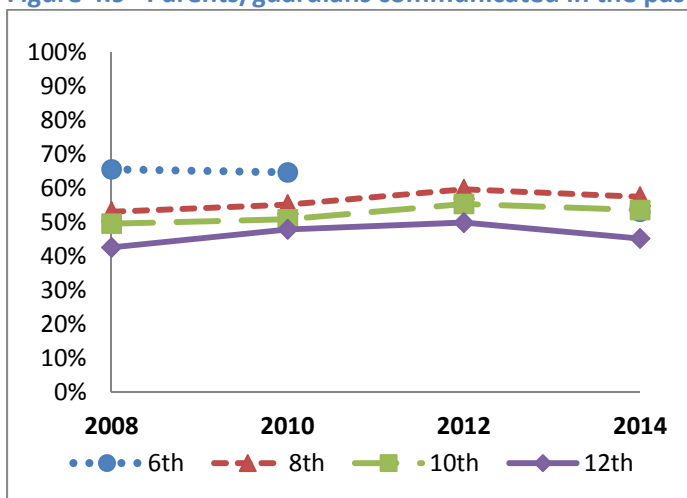


Figure 4.9 data:

	2008	2010	2012	2014
6th	65.6%	64.7%	53.1%	53.1%
8th	53.1%	55.2%	59.7%	57.5%
10th	49.6%	50.9%	55.4%	53.6%
12th	42.6%	47.9%	49.9%	45.2%

*Question wording changed in 2014, unable to statistically compare between 2012 and 2014

¹Question wording 2008 to 2012: "In the past year have your parents/guardians talked to you about not using marijuana or other illegal drugs?"

Table 4.3 Differences* in marijuana-related contributing factors by Illinois community type, 8th-12th grade youth combined in 2014

Indicator	Suburban Chicago	Chicago	Other Urban/ Suburban	Rural
Believe that they would be seen as "cool" if they used marijuana	42.1%	54.3%* (highest)	39.6%	31.2%* (lowest)
Believe friends feel it would be "wrong" or "very wrong" for them to smoke marijuana	54.7%	43.4%* (lowest)	59.7%	66.2%
Believe marijuana is "sort of easy" or "very easy" to get	48.6%	56.1%* (highest)	46.0%	34.6%* (lowest)
Believe smoking marijuana at their age would be "wrong" or "very wrong"	65.5%	60.0%* (lowest)	69.7%	74.5%

* 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, see Appendix 8: *Monitoring the Future* Methodology.

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:

- 2014 IYS responses by grade level (6th, 8th, 10th, 12th)
- IYS 2008, 2010, 2012, and 2014 responses by grade level (6th, 8th, 10th, 12th) with statistical comparisons between 2012 and 2014 for 8th, 10th, and 12th grade
- Illinois 2014 and National 2013 comparisons by grade level (8th, 10th, 12th)
- 2014 IYS responses (combined grades 8th-12th) by four Illinois community types

Section 5 – Prescription and Over-the-Counter Drugs (Including Inhalants)

Overview

This section of the 2014 IYS State Report provides information about the misuse of prescription drugs, over-the-counter (OTC) drugs, and inhalants. National attention has been recently focused on misuse of prescription drugs. Prescription drug misuse has been a difficult public health problem to track given the multiple pathways toward misuse. As a result, the IYS has been adapted with new questions in both 2012 and 2014 to mirror national core measures required by communities funded by SAMHSA’s Drug Free Communities grants. The core measures changed from 2012 to 2014 but the IYS included multiple measures of prescription drug use to allow both tracking of trends and to maintain consistency with federally required indicators. For the first time, the 2014 IYS included questions to measure contributing factors to prescription drug misuse (e.g. perceptions of peer disapproval, parent disapproval, and perceptions of risk or harm associated with prescription drug misuse). Contributing factors are those attitudes, beliefs, and behaviors held by youth that increase or decrease the likelihood of prescription drug misuse. Substance abuse literature sometimes refers to these as “risk and protective factors” or “intervening variables.” In addition, the 2014 IYS included questions to determine sources of supply for prescription drugs not prescribed to them. Due to changes in question wording, many prescription drug indicators cannot be compared from 2012 to 2014.

Prescription and Over-the-Counter (OTC) Drug Misuse – Including Inhalants

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

- 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
- Any prescription drug to get high in the past year
- Any prescription drug to get high in the past 30 days
- 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 drugs not prescribed to them in the past year (new Drug Free Communities core measure added in 2014)
- Prescription drugs not prescribed to them in the past 30 days (new Drug Free Communities core measure added in 2014)
- Steroid use without a prescription in the past year.
- Inhalant use in the past year
- Inhalant use in the past 30 days

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

- **2012 vs. 2014 IYS responses by grade** -- to determine changes in Illinois youth over time. Note that there are no 6th grade 2012 vs. 2014 comparisons available due to the lack of 6th grade participation in Chicago during 2012.
- **2014 IYS responses vs. national estimates** from the 2013 *Monitoring the Future Study* -- to determine how Illinois youth compare with national youth. See Appendix 8: *Monitoring the Future Methodology* for more information about this national study.
- **2014 IYS responses between youth living in four different types of Illinois community environments:** 1) *City of Chicago*, 2) *Suburban Chicago Counties - including Suburban Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, and Will*, 3) *Other Urban/Suburban Counties - excluding Suburban Chicago Counties*, and 4) *Rural Counties*. Community type estimates for 2014 are based on combined 8th, 10th, and 12th grade IYS data. For more information about how these community types are defined and a full list of areas included in each, refer to Appendix 9: *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 7: *Illinois Youth Survey Methodology* for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Use of prescription drugs “to get high” remains low and unchanged from 2012 to 2014.** No changes are observed from 2012 to 2014 in terms of recent use (e.g. past year, past 30 days) or type of prescription drugs used to get high (e.g. painkillers, other prescription drugs, any prescription drug) at any grade level. Past year use of any prescription drug to get high ranges from 2.8% of 8th graders to 9.2% of 12th graders in 2014. No differences are observed when rates of use are compared between youth living in varying types of communities throughout Illinois.
- **Use of legally purchased products to get high – Including over-the-counter (OTC) and inhalants – also remains low and unchanged from 2012 to 2014.** Among the oldest adolescents surveyed (12th graders), less than 5% reported using OTC products - including inhalants - to get high in the past year. Among the youngest adolescents surveyed (6th graders), less than 6% reported using inhalants to get high in the past year. No differences are observed when rates of use are compared between youth living in varying types of communities throughout Illinois.

- **Reports of using prescription drugs “not prescribed to me” are slightly higher at all grade levels than reports of using prescription drugs “to get high.”** New Drug Free Communities questions added to the IYS in 2014 ask about the nature of the prescription drug misuse behavior (without a prescription) rather than the purpose of the use (to get high), added in 2012 and continued in 2014 to preserve the ability to observe trends. There appears to be a difference in interpretation as 12.6% of 12th graders used prescription drugs “not prescribed to me” in the past year while only 9.2% used prescription drugs “to get high.” It is unclear how prescription drug use without a prescription may encompass a wider array of reasons for misuse than solely for mood-altering purposes.
- **12th grade youth in Illinois are less likely to report using prescription drugs not prescribed to them than 12th grade youth nationally.** While 15.9% of 12th graders in the national sample report using prescription drugs not prescribed to them, 12.6% of Illinois 12th graders report the same behavior. In addition, there are no differences in reports of this behavior between youth living in different types of Illinois communities.
- **Use of steroids without a doctor’s prescription remains stable from 2012 to 2014.** However, 8th grade youth in Illinois are more likely to report steroid use without a prescription (1.4%) than their national 12th grade counterparts (0.6%) in 2014.

Illinois Highlights – Figures and Tables

Figure 5.1 Any prescription drugs to get high – Used in the past year

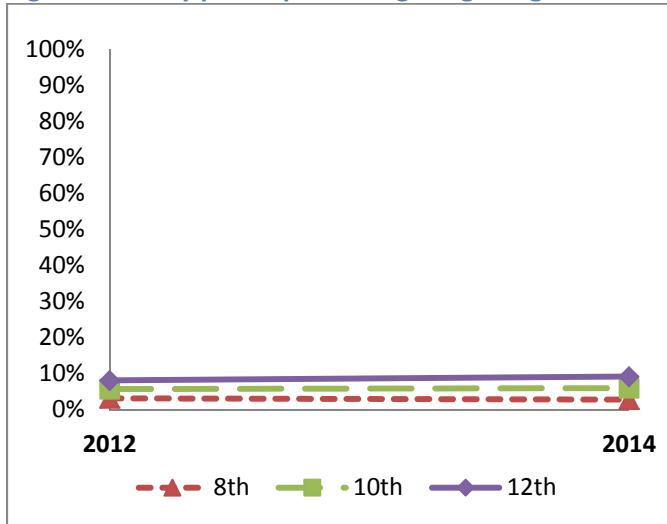


Figure 5.1 data:

	2012	2014
8th	3.1%	2.8%
10th	5.7%	5.9%
12th	8.1%	9.2%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 5.2 Any prescription drugs to get high – Used in the past 30 days

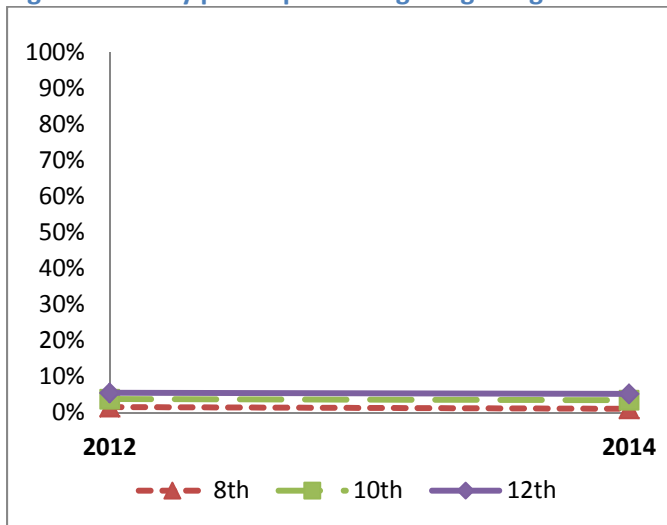


Figure 5.2 data:

	2012	2014
8th	1.5%	1.0%
10th	3.7%	3.4%
12th	5.5%	5.2%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 5.3 Prescription painkillers (like OxyContin, Vicodin, Lortab or others) to get high – Used in the past year

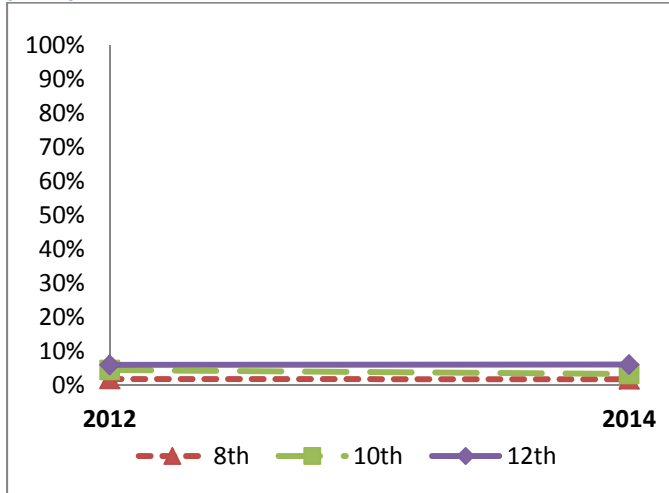


Figure 5.3 data:

	2012	2014
8th	1.8%	1.7%
10th	4.4%	3.2%
12th	5.9%	6.0%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 5.4 Prescription painkillers (like OxyContin, Vicodin, Lortab or others) to get high – Used in the past 30 days

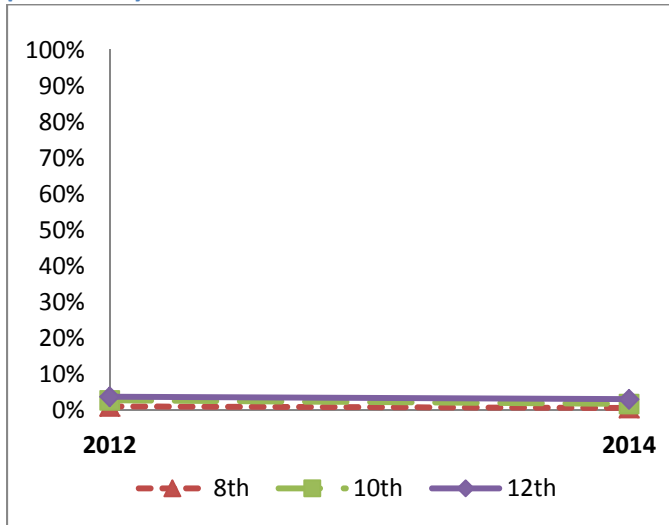


Figure 5.4 data:

	2012	2014
8th	1.1%	0.6%
10th	2.8%	1.8%
12th	3.7%	3.1%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 5.5 Other prescription drugs (like Ritalin, Adderall, or Xanax) to get high – Used in the past year

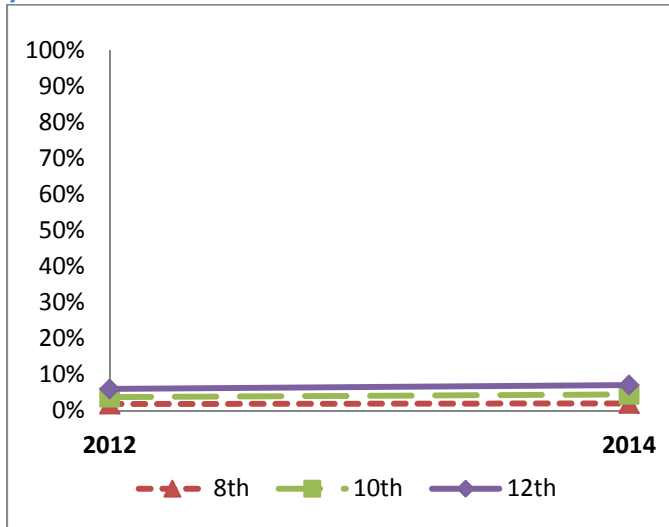


Figure 5.5 data:

	2012	2014
8th	1.8%	2.0%
10th	3.7%	4.5%
12th	6.0%	7.1%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 5.6 Other prescription drugs (like Ritalin, Adderall, or Xanax) to get high – Used in the past 30 days

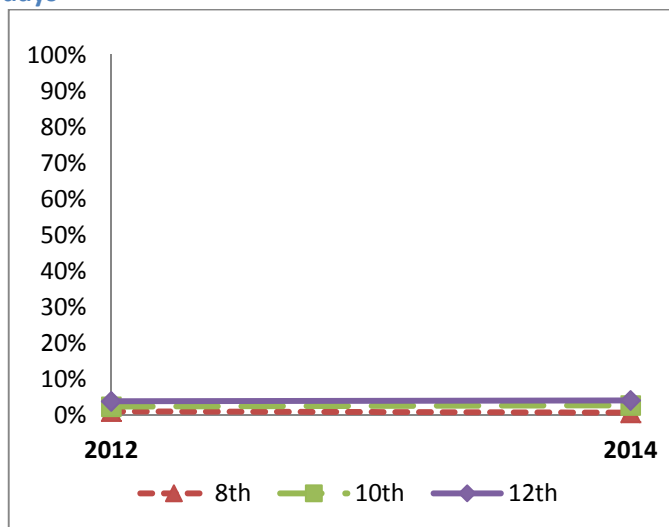


Figure 5.6 data:

	2012	2014
8th	1.1%	0.7%
10th	2.4%	2.7%
12th	3.9%	4.1%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 5.7 Inhalants – Used in the past year

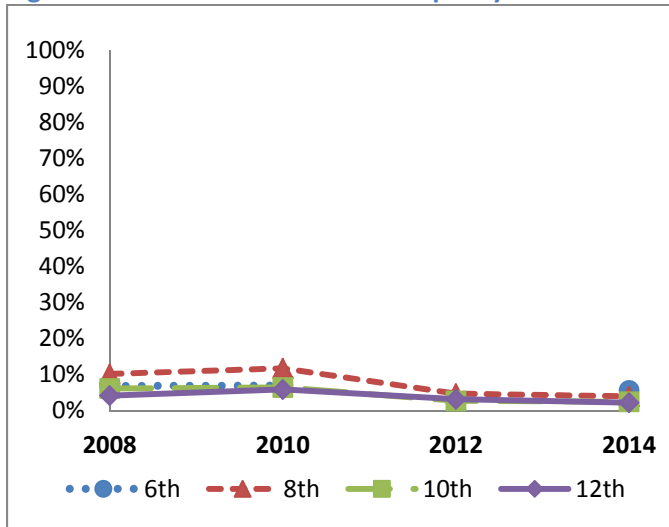


Figure 5.7 data:

	2008	2010	2012	2014
6th	6.9%	7.0%		5.7%
8th	10.2%	11.8%	4.8%	4.0%
10th	6.2%	6.5%	2.7%	2.5%
12th	4.2%	5.9%	3.2%	2.2%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 5.8 Inhalants – Used in the past 30 days

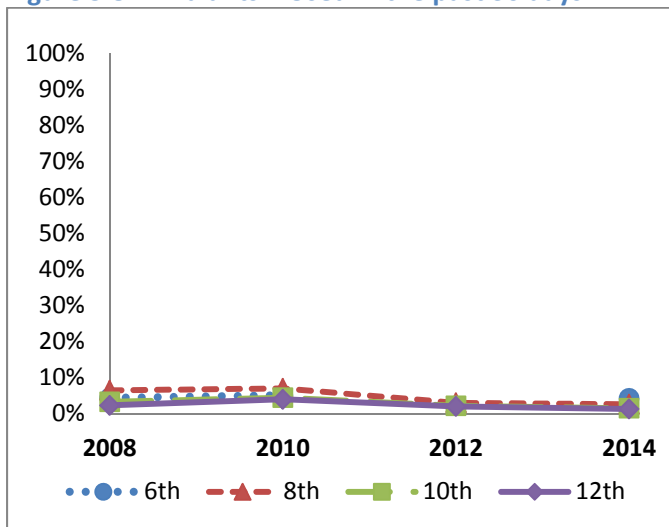


Figure 5.8 data:

	2008	2010	2012	2014
6th	4.4%	5.1%		4.3%
8th	6.5%	7.0%	3.0%	2.6%
10th	3.3%	4.5%	2.2%	1.5%
12th	2.3%	4.0%	2.0%	1.3%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 5.9 Over-the-counter drugs to get high – Used in the past year

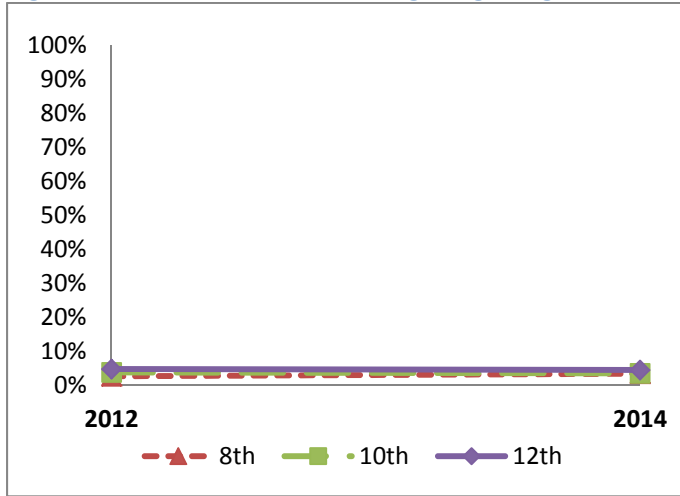


Figure 5.9 data:

	2012	2014
8th	2.6%	3.3%
10th	3.7%	3.5%
12th	4.7%	4.4%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 5.10 Over-the-counter drugs to get high – Used in the past 30 days

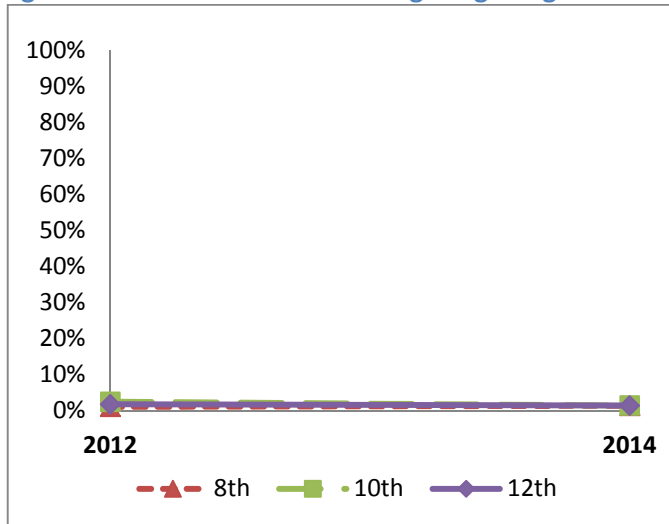


Figure 5.10 data:

	2012	2014
8th	2.6%	3.3%
10th	3.7%	3.5%
12th	4.7%	4.4%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 5.11 Steroids without a prescription – Used at least once in the past year

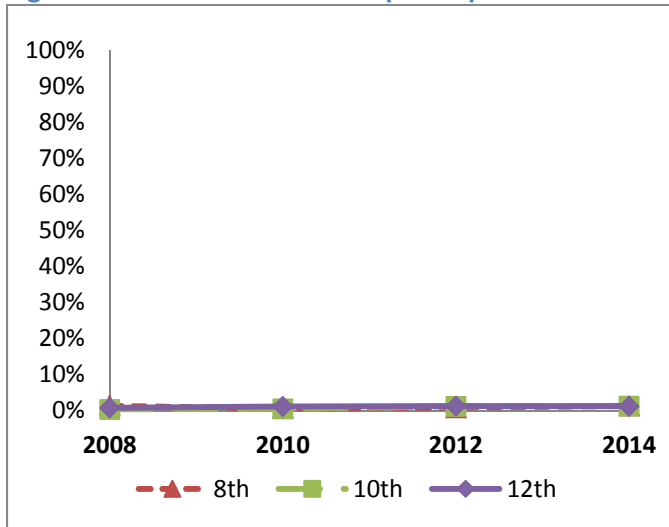


Figure 5.11 data:

	2008	2010	2012	2014
8th	1.4%	0.6%	0.9%	1.4%
10th	0.4%	0.6%	1.2%	1.3%
12th	0.8%	1.2%	1.3%	1.3%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 5.12 Prescription drugs not prescribed to them in 2014 – Used at least once in the past year

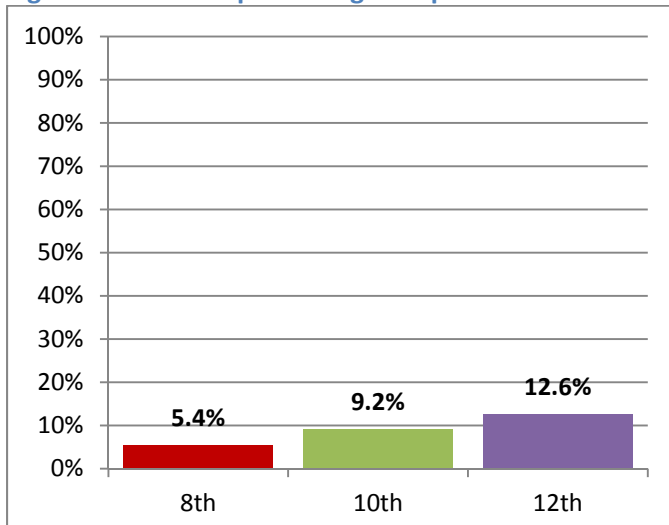


Figure 5.12 data:

	2014
8th	5.4%
10th	9.2%
12th	12.6%

Figure 5.13 Prescription drugs not prescribed to them in 2014 – Used at least once in the past 30 days

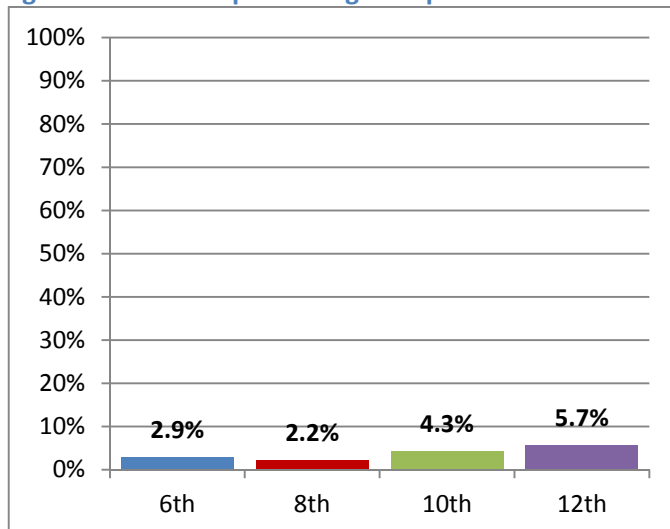


Figure 5.13 data:

	2014
6th	2.9%
8th	2.2%
10th	4.3%
12th	5.7%

National Estimates

Table 5.3 National (2013) vs. Illinois (2014) estimates for prescription drug use without a prescription and inhalant 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	1.4%	0.6%*	1.3%	0.8%	1.3%	1.5%
Prescription drugs not prescribed to you – past year	5.4%	N/A	9.2%	N/A	12.6%	15.9%*
Prescription drugs not prescribed to you – past 30 days	2.2%	N/A	4.3%	N/A	5.7%	7.1%
Inhalants – past year	4.0%	5.2%	2.5%	3.5%	2.2%	2.5%

¹ National (US) data source is *Monitoring the Future Study* (2013). For more information, see Appendix 8: *Monitoring the Future Methodology*.

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

Prescription Drug Misuse Contributing Factors

The **prescription drug misuse contributing factors** assessed in the IYS (for the first time in 2014) include:

- Perceived risk of harm associated with using prescription drugs not prescribed to them
- Personal disapproval of using prescription drugs not prescribed to them
- Perceived friends' disapproval associated with using prescription drugs not prescribed to them
- Perceived parental disapproval of teens using prescription drugs not prescribed to them
- Perceived ease of access to prescription drugs not prescribed to them
- Access to different sources of prescription drugs not prescribed to them (e.g. purchase from someone, parent supplied, stole from home, etc.)

To identify the patterns in contributing factors for prescription drug use (not prescribed to them) among Illinois youth, the following statistical comparisons were made:

- **2014 IYS responses between youth living in four different types of Illinois community environments:** 1) *City of Chicago*, 2) *Suburban Chicago Counties - including Suburban Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, and Will*, 3) *Other Urban/Suburban Counties - excluding Suburban Chicago Counties*, and 4) *Rural Counties*. Community type estimates for 2014 are based on combined 8th, 10th, and 12th grade IYS data. For more information about how these community types are defined and a full list of areas included in each, refer to Appendix 9: 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 7: Illinois Youth Survey Methodology for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Using prescription drugs “not prescribed to me” is perceived as risky among adolescents at all grade levels.** Beliefs about risks or harm associated with using drugs like alcohol, tobacco, and marijuana tend to decline from 6th to 12th grade. Beliefs about riskiness of using prescription drugs “not prescribed to me” remain strong with little decay from 6th to 12th grade. In 2014, high rates of 6th graders (61.4%) and 12th graders (63.2%) alike share beliefs that “great risk” is associated with using prescription drugs without a prescription.
- **Personal and perceived parent disapproval of prescription drug misuse is high across all grade levels but older adolescents believe their friends are less likely to disapprove than they themselves do.** Between 94.7% of 12th graders and 97.1% of 6th graders believe their parents would think it is “wrong” or “very wrong” for their teen to use prescription drugs not prescribed to them. While there is more of a developmental “decay” observed in personal disapproval of prescription drug misuse (96.7% of 6th graders personally disapprove vs. 84.5% of 12th graders), the majority of even the oldest adolescents report high personal disapproval ratings. Interestingly, larger gaps between personal beliefs and perceptions of friends' beliefs are observed among the older adolescents than the younger adolescents. By the time youth reach 12th grade, 84.5% personally disapprove of prescription drug misuse but only 70.2% believe their friends disapprove.

- **Prescription drugs not prescribed to them are perceived as easier to access among the older adolescents in 2014.** While less than one out of ten 6th graders report it would be “sort of easy” or “very easy” to access prescription drugs without a prescription, about four out of ten 12th graders hold the same view. Relative to other drugs, high school youth (10th and 12th graders) believe that prescription drugs (not prescribed to them) would be harder to access than alcohol, tobacco or marijuana if they wanted some.
- **The supply source for prescription drugs (without a prescription) varies by age.** Among those who have used prescription drugs “not prescribed to me” in the past year, the most frequently reported source for 8th graders is parents giving them drugs (53.5%), for 10th graders is someone other than their parents giving them drugs (44.2%) and for 12th graders is purchasing from someone (52.2%).
- **Compared to 8th-12th grade youth from all other community types in Illinois, CHICAGO 8th-12th grade youth:**
 - *are least likely to believe “great risk” is associated with using prescription drugs not prescribed to them*
 - *are least likely to report that prescription drugs not prescribed to them would be “sort of easy” or “very easy” to get if they wanted some*

Illinois Highlights – Figures and Tables

Figure 5.14 Believe "great risk" is associated with using prescription drugs not prescribed to them in 2014

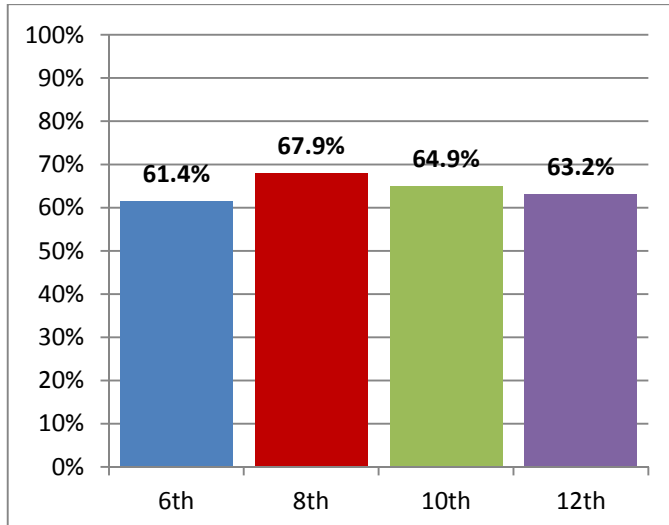


Figure 5.14 data:

	2014
6th	61.4%
8th	67.9%
10th	64.9%
12th	63.2%

Figure 5.15 Believe it is "wrong" or "very wrong" for someone their age to use prescription drugs not prescribed to them in 2014

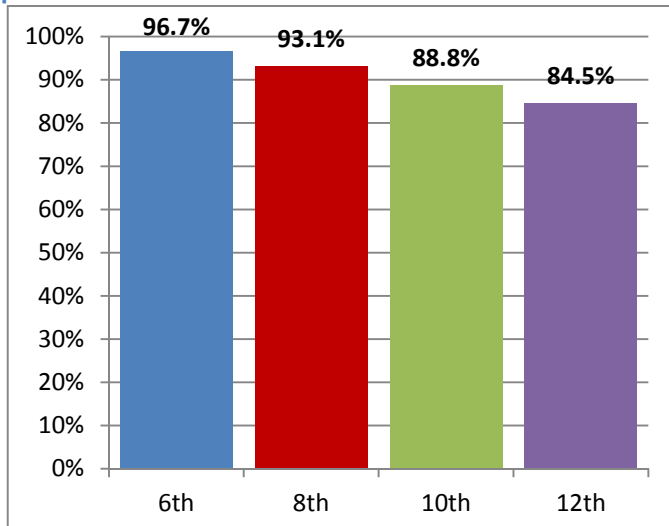


Figure 5.15 data:

	2014
6th	96.7%
8th	93.1%
10th	88.8%
12th	84.5%

Figure 5.16 Believe their friends feel it would be "wrong" or "very wrong" for them to get prescription drugs not prescribed to them in 2014

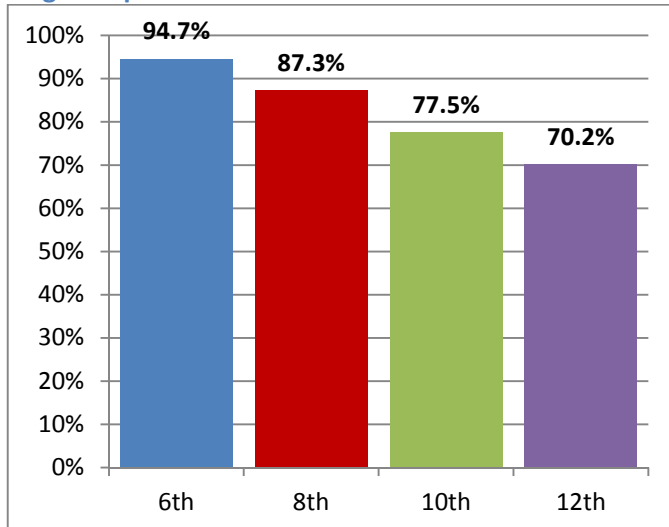


Figure 5.16 data:

	2014
6th	94.7%
8th	87.3%
10th	77.5%
12th	70.2%

Figure 5.17 Believe their parents feel it would be "wrong" or "very wrong" for them to use prescription drugs not prescribed to them in 2014

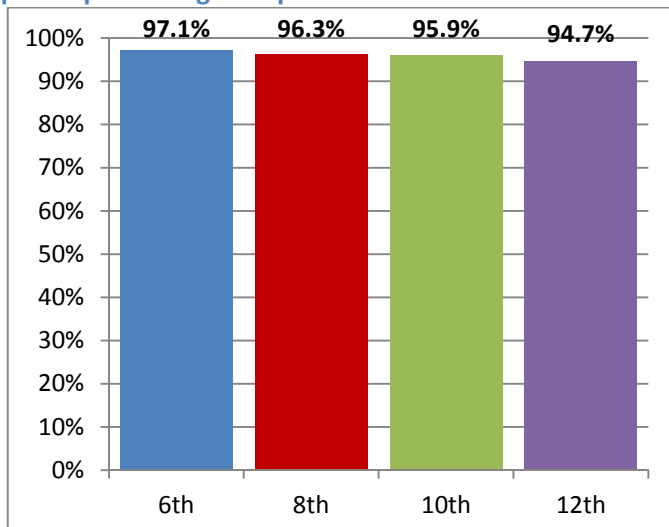


Figure 5.17 data:

	2014
6th	97.1%
8th	96.3%
10th	95.9%
12th	94.7%

Figure 5.18 Believe it would be "sort of easy" or "very easy" to get prescription drugs not prescribed to them in 2014

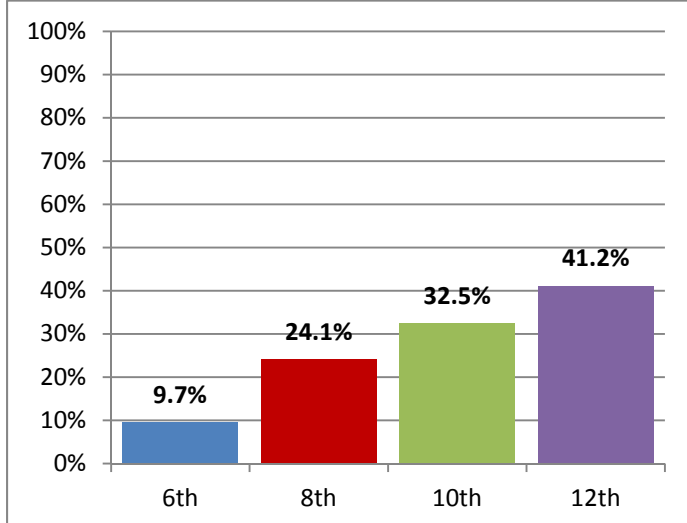


Figure 5.18 data:

	2014
6th	9.7%
8th	24.1%
10th	32.5%
12th	41.2%

Table 5.1 Sources of prescription drugs not prescribed to them in 2014

Sources of Prescription Drug Access – 2014	Among Prescription Drug Users in the Past Year...		
	8th	10th	12th
Purchased			
Bought them from someone	14.8%	35.2%	52.2%
Accessed Without Permission			
Took them from someone (from my parents/guardians without their knowledge OR from someone else's home)	25.0%	30.5%	22.8%
I took them from home without the knowledge of my parents/guardians	19.7%	28.2%	20.3%
I took them from someone else's home	10.3%	7.4%	7.0%
Given To Me			
Someone gave them to me (my parents OR someone other than my parents)	69.8%	64.7%	60.6%
My parents gave them to me	53.5%	29.4%	18.7%
Someone other than my parents gave them to me	23.9%	44.2%	47.7%

Table 5.2 Differences* in prescription drug-related contributing factors by Illinois community type, 8th-12th grade youth combined

Indicator	Suburban Chicago	Chicago	Other Urban/ Suburban	Rural
Believe "great risk" is associated with using prescription drugs not prescribed to them	66.0%	59.9%* (lowest)	65.9%	69.8%
Believe it would be "sort of easy" or "very easy" to get prescription drugs not prescribed to them	33.1%	26.8%* (lowest)	33.7%	35.1%

* 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, see Appendix 8: *Monitoring the Future* Methodology.

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:

- 2014 IYS responses by grade level (6th, 8th, 10th, 12th)
- IYS 2008, 2010, 2012, and 2014 responses by grade level (6th, 8th, 10th, 12th) with statistical comparisons between 2012 and 2014 for 8th, 10th, and 12th grade
- Illinois 2014 and National 2013 comparisons by grade level (8th, 10th, 12th)
- 2014 IYS responses (combined grades 8th-12th) by four Illinois community types

Section 6 – Illicit Drugs

Overview

This section of the 2014 IYS State Report provides information about other illicit drug (MDMA - “Ecstasy,” LSD/psychedelics, cocaine, methamphetamines, and heroin) consumption patterns 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. Illicit drug use questions covered in this section are not included on the 6th grade IYS form and therefore results are not reported for 6th grade youth. In addition, as of 2014, there are no longer questions included in the IYS that measure contributing factors to illicit drug use.

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.
- Any (one or more) illicit drug used in the past year (excluding marijuana).

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

- **2012 vs. 2014 IYS responses by grade** -- to determine changes in Illinois youth over time. Note that the 6th grade IYS does not include use of illicit drugs.
- **2014 IYS responses vs. national estimates** from the 2013 *Monitoring the Future Study* -- to determine how Illinois youth compare with national youth. See Appendix 8: *Monitoring the Future Methodology* for more information about this national study.
- **2014 IYS responses between youth living in four different types of Illinois community environments:** 1) *City of Chicago*, 2) *Suburban Chicago Counties - including Suburban Cook, DeKalb, DuPage, Grundy, Kane, Kendall, Lake, and Will*, 3) *Other Urban/Suburban Counties - excluding Suburban Chicago Counties*, and 4) *Rural Counties*. Community type estimates for 2014 are based on combined 8th, 10th, and 12th grade IYS data. For more information about how these community types are defined and a full list of areas included in each, refer to Appendix 9: *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 7: *Illinois Youth Survey Methodology* for more information on how statistical significance is determined).

Summary of Illinois Highlights

- **Use rates for MDMA (“Ecstasy”), cocaine/crack, and heroin are low and no changes are observed at any grade level from 2012 to 2014.** In 2014, across all reported illicit drugs, MDMA (“Ecstasy”) is the most frequently used illicit drug among 12th graders (5.5%) and LSD/hallucinogens are the more frequently reported illicit drugs among 10th graders.
- **Among 10th graders, more are using LSD/psychedelics and also are more likely to report using one or more illicit drugs in 2014, compared to 2012.** Past year use of LSD/psychedelic is higher in 2014 (2.8%) than in 2012 (1.5%) among 10th graders. Given that there are no increases for any other illicit drug among 10th grade youth, it is likely that the increase in LSD use is responsible for the increase in 10th grade use of at least one illicit drug from 2012 (3.4%) to 2014 (4.8%). In 2014, 10th graders are the only age group to report an increase in any illicit drug use.
- **Heroin and meth are the least frequently used illicit drugs among Illinois youth.** Less than 1% at all grade levels reporting use of either heroin or meth in the past year. Although the prevalence of 8th grade meth use was low in 2012 (0.7%), even fewer 8th graders (0.3%) report using meth in 2014. In addition, Illinois 8th graders report using meth in the past year at lower rates than the national average for 8th graders.
- **Illicit drug use does not vary by location.** There are no differences observed in past year illicit drug use consumption patterns between youth from the four different community types.

Illinois Highlights – Figures and Tables

Figure 6.1 Methamphetamine – Used at least once in past year

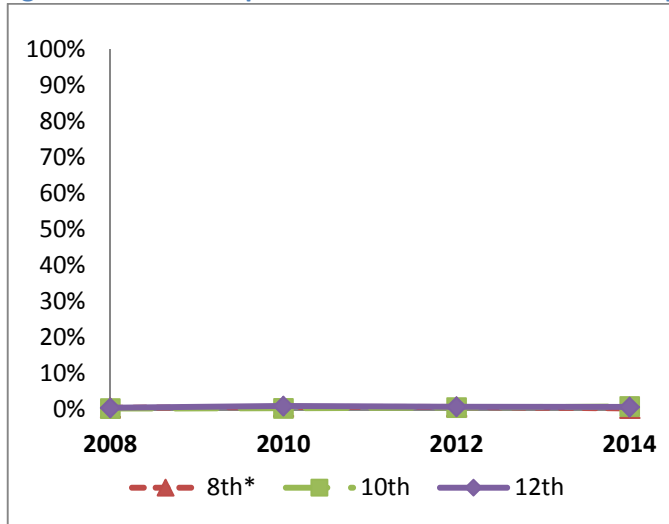


Figure 6.1 data:

	2008	2010	2012	2014
8th*	0.5%	0.7%	0.7%	0.3%
10th	0.3%	0.4%	0.6%	0.9%
12th	0.5%	1.0%	0.8%	0.7%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 6.2 MDMA ("Ecstasy") – Used at least once in past year

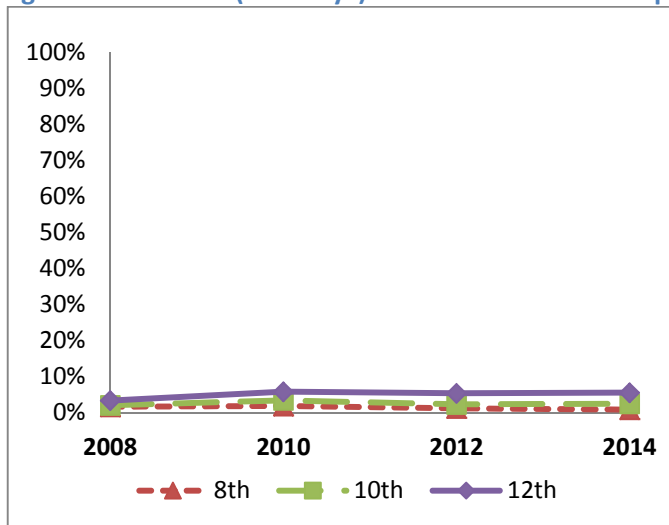


Figure 6.2 data:

	2008	2010	2012	2014
8th	1.6%	1.8%	1.2%	0.8%
10th	2.0%	3.4%	2.3%	2.4%
12th	3.3%	5.8%	5.3%	5.5%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 6.3 LSD/Psychedelics – Used at least once in past year

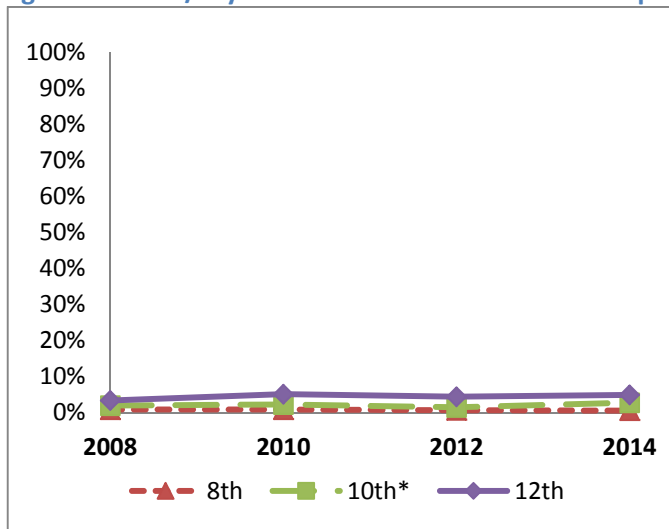


Figure 6.3 data:

	2008	2010	2012	2014
8th	0.9%	0.9%	0.7%	0.6%
10th*	2.0%	2.3%	1.5%	2.8%
12th	3.4%	5.1%	4.4%	4.9%

* statistically significant change ($p < .05$) from 2012 to 2014

Figure 6.4 Cocaine/Crack – Used at least once in past year

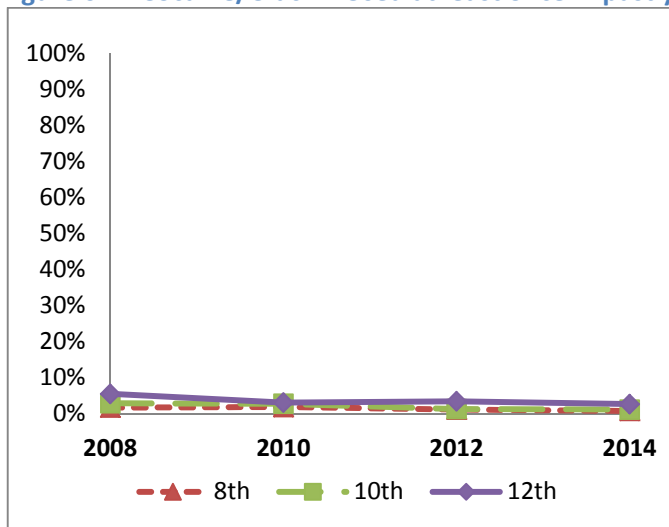


Figure 6.4 data:

	2008	2010	2012	2014
8th	1.7%	1.9%	1.1%	0.8%
10th	2.9%	2.8%	1.3%	1.2%
12th	5.5%	3.1%	3.4%	2.7%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 6.5 Heroin – Used at least once in past year

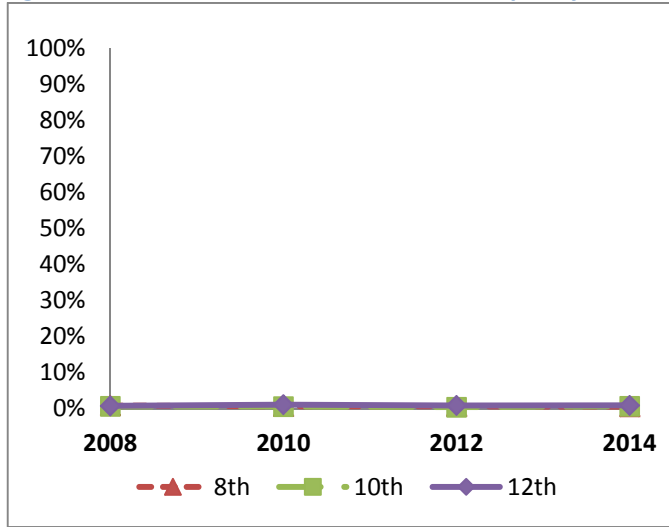


Figure 6.5 data:

	2008	2010	2012	2014
8th	0.9%	0.7%	0.7%	0.6%
10th	0.7%	0.6%	0.4%	0.7%
12th	0.8%	1.1%	0.9%	0.9%

No change was statistically significant ($p < .05$) for any grade from 2012 to 2014.

Figure 6.6 Any illicit drug (excluding marijuana) – Used at least once in the past year

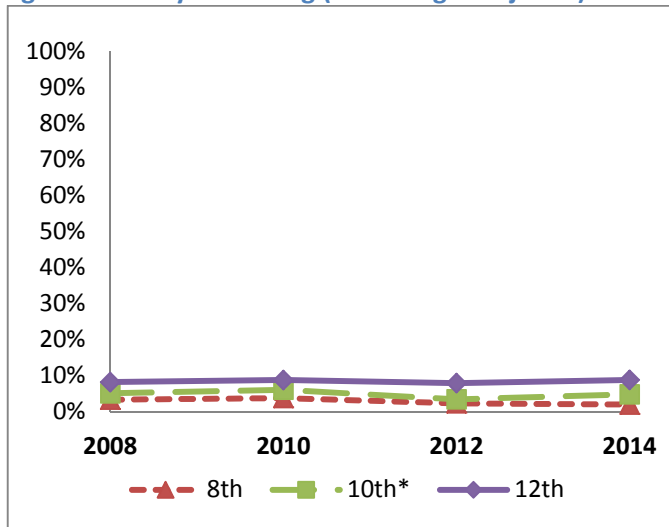


Figure 6.6 data:

	2008	2010	2012	2014
8th	3.4%	3.8%	2.3%	2.0%
10th*	5.1%	6.1%	3.4%	4.8%
12th	8.2%	8.8%	7.9%	8.8%

* statistically significant change ($p < .05$) from 2012 to 2014

Table 6.1 Illicit Drugs – Used at least once in the past year

Illicit Drug Type	Use in the Past Year		
	8th	10th	12th
Any Illicit Drug (reported use of any illicit drug below)	2.0%	4.8%	8.8%
Methamphetamine	0.3%	0.9%	0.7%
MDMA ("Ecstasy")	0.8%	2.4%	5.5%
LSD/Hallucinogens	0.6%	2.8%	4.9%
Cocaine/Crack	0.8%	1.2%	2.7%
Heroin	0.6%	0.7%	0.9%

National Estimates

Table 6.2 National vs. Illinois estimates for other illicit drug use, 8th-12th grade

	8th		10th		12th	
	Illinois	US ¹	Illinois	US ¹	Illinois	US ¹
Methamphetamine - Past year	0.3%	1.0%*	0.9%	1.0%	0.7%	0.9%
MDMA ("Ecstasy") - Past year	0.8%	1.1%	2.4%	3.6%	5.5%	4.0%
Cocaine - Past year	0.8%	1.0%	1.2%	1.9%	2.7%	2.6%
Heroin - Past year	0.6%	0.5%	0.7%	0.6%	0.9%	0.6%

¹ National (US) data source is *Monitoring the Future Study* (2013). For more information, see Appendix 8: *Monitoring the Future Methodology*.

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

More Information

To review summaries of youth responses to all illicit drug-related activities, refer to Appendix 6: Other Illicit Drugs Data Comparison Tables including:

- 2014 IYS responses by grade level (8th, 10th, 12th)
- IYS 2008, 2010, 2012, and 2014 responses by grade level (8th, 10th, 12th) with statistical comparisons between 2012 and 2014
- Illinois 2014 and National 2013 comparisons by grade level (8th, 10th, 12th)
- 2014 IYS responses (combined grades 8th-12th) by four Illinois community types

