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

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## **FINDINGS AT A GLANCE**

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

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

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

Drugs of less concern at this time include:

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

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

## **POLICY RECOMMENDATIONS**

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

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

### **2. Strengthen the Continuum of Care**

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

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

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

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

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

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

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

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

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

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

Reconsider interventions that are not evidenced based:

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

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

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

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

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

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

### **3. Monitoring by Adults and the Community**

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

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

#### **Monitoring Techniques for the Community**

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

#### **Monitoring Alcohol at Home**

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

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

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

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

### Monitoring Prescription Pills at Home

There are many medications that can be used for intoxication, and these include several drug categories, including *opioids*<sup>1</sup>, benzodiazepines or *sedative/hypnotics*<sup>2</sup>, *stimulant*<sup>3</sup> medications, such as those used to treat ADHD. Thus, it is important to keep track of them to limit prescription drug use and misuse.

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

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

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

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

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<sup>1</sup> Codeine, codeine cough syrup, hydromorphone/Fentanyl, hydrocodone/Vicodin, oxycodone/OxyContin, Ultram etc.

<sup>2</sup> Valium, Klonopin, Xanax

<sup>3</sup> Adderall, Ritalin, Concerta, etc.

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

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

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

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

- Create a virtual resource room for adults, parents, and teachers that provides a number of different informational areas including:
  - Materials about talking to youth about drugs;
  - Effects of drugs based on science, not on scare tactics, which are not effective;
  - How to recognize and treat a substance use disorder in adolescents;
  - Resources on drug effects for parents, teachers, adults, and other community members;
  - Recognizing intoxication or signs of misuse;
  - Information on the substance use continuum of care;
  - Monitoring of alcohol and other drugs;
  - Determining how a family will communicate its message about substance use while utilizing a particular frame, such as a moral perspective, a health perspective etc.;
  - Treatment locators from the Substance Abuse Mental Health Services Administration (SAMHSA), so that individuals can find appropriate treatment for their families<sup>4</sup>;
  - Why assessment is important for appropriate intervention;

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<sup>4</sup> SAMHSA treatment locator can be found at: <https://findtreatment.samhsa.gov/>

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

### **5. Improve data collection practices.**

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

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



Prevention Research and Development (CRPD) which address the testing environment, choosing survey dates, and when to not survey the student body. Regardless of location of where the survey will be administered, the environment must be a quiet, comfortable location where youth can have 40-50 minutes to complete the survey. A school gymnasium is not a suitable location due to noise levels and potential compromises in confidentiality<sup>5</sup>. Additionally, to maintain confidentiality, the seating should be arranged so that the student is unable to see answers of fellow classmates.

For both 2012 and 2014, it was discovered that the Illinois Youth survey dates for both the sophomore and senior body were given within 30 days of spring break. Administrators of the high school should administer the survey on a date where both the sophomore and seniors are eligible to take the survey and not during periods of high stress, such as midterms and standardized testing days i.e. the ACT and SAT<sup>6</sup>. The survey should not be administered to the middle school students and the sophomore and senior student body within 30 days of events when the youth would likely be exposed to alcohol or other substances such as holidays, spring break, or prom. Ideally, the survey should be given to the student body in February to get more valid 30 day use rates.

Furthermore, so that Illinois Youth Survey is more specific to the middle and high schools, administrators have opportunity to submit up to 30 questions of their choosing to the survey. Being able to submit specialized questions drafted to the needs of the school would allow the ability to investigate specific issues and concerns or gather data to compare with state and national norms.<sup>7</sup> Questions should be drafted and selected in conjunction with a qualified individual who is familiar and experienced with research methodology. Once additional questions have been selected, they must be submitted using the template and instructions provided by the Center of Prevention Research and Development. Additionally, all questions must be sent to the CRPD so that the results can be included in the final report.

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

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

## **6. Consider changing some policies regarding marijuana and tobacco.**

Marijuana offenses carry lifelong collateral consequences and can interfere with obtaining employment, housing and education. Individuals convicted of marijuana possession offenses may not be eligible for

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<sup>5</sup> 2013 Center for Prevention Research and Development, IYS Project – Site Coordinator Guidelines (Paper Version)

<sup>6</sup> Ibid

<sup>7</sup> <http://iys.cprd.illinois.edu/home/conducting/additions>

financial aid if convicted while receiving aid. Marijuana ordinance or tickets should be the standard for all individuals regardless of age, as the collateral consequence of marijuana conviction are significant. Consider changing this policy to a ticket. More than 100 municipalities already have these ordinances on the books for all ages; Oak Park and River Forest would be smart to enact similar ordinance changes.

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

