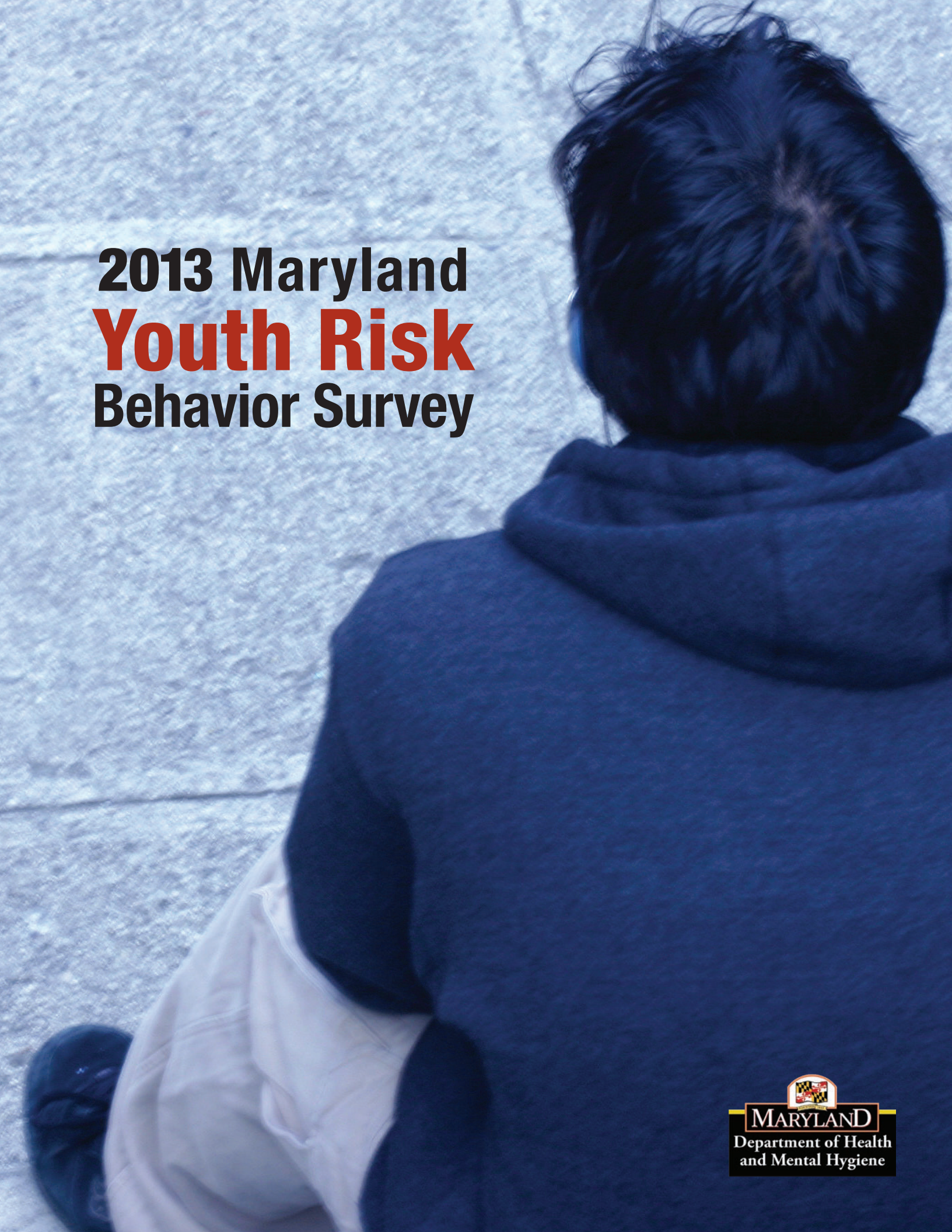

2013 Maryland Youth Risk Behavior Survey

MARYLAND
Department of Health and Mental Hygiene

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Foreword

The Maryland Department of Health and Mental Hygiene (DHMH) is pleased to publish the results of the 2013 Maryland Youth Risk Behavior Survey (YRBS). Maryland's participation in the YRBS began in 2005, when the Maryland General Assembly (Md. EDUCATION Code Ann. § 7-420) mandated that the survey be conducted every two years. Since then, the Maryland YRBS has been administered in 2007, 2009, 2011 and 2013.

The Maryland YRBS is part of the U.S. Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS) developed in 1990 to monitor behaviors affecting morbidity (disease) and mortality (death) among high school youth. The YRBSS tracks several priority health risk behaviors among youth as well as behaviors that support health. The 2013 Maryland YRBS Report addresses the following 11 risk and protective behavior categories:

- Bullying and Harassment
- Protective Factors
- Suicide
- Overweight and Obesity
- Physical Activity
- Nutrition
- Sexual Behavior
- Injury and Violence
- Tobacco Use
- Alcohol Use
- Other Drug Use

For the first time, in 2013, the YRBS was combined with the Maryland Youth Tobacco Survey and administered to both middle school and high school students with an increased sample size. While this year's report includes only responses from the high school survey, the data collected from middle school youth will create potential for comparisons in future surveys and provide a valuable source of information about Maryland's middle school population. Full 2013 YRBS tables, including middle and high school data as well as state and county level data, are available at: http://phpa.dhmh.maryland.gov/cdp/SitePages/youth-risk-survey.aspx.

The 2013 Maryland YRBS was administered in the spring of 2013 to students in a representative sample of Maryland public high school classrooms. A total of 53,785 students in 184 public high schools in Maryland completed the survey. The results are representative of all students in grades 9–12.

The cumulative responses from the past five surveys, covering an entire decade, provide trend data on health risk behaviors among Maryland's youth. The YRBS findings will help state and local agencies, educators, businesses, students, parents and other key stakeholders develop and refine initiatives targeted at improving the health and well-being of Maryland youth.

Joshua M. Sharfstein, M.D.
Secretary, Department of Health and Mental Hygiene

How to understand this report

This report presents Maryland YRBS trend data in each of the following categories: Bullying and Harassment, Protective Factors, Suicide, Overweight and Obesity, Physical Activity, Nutrition, Sexual Behavior, Injury and Violence, Tobacco Use, Alcohol Use and Other Drug Use. In addition to 2013 data, this report compares the results for all years the survey was conducted (2005, 2007, 2009, 2011 and 2013) and notes where behaviors have changed significantly over time. As appropriate, current actions taken by state agencies to address each risk behavior are included as "Actions Taken to Address This Behavior" sidebars. The report also highlights differences within subgroups of the youth population based on grade, gender, sexual identity and race/ethnicity in Appendix A: Health Disparities. Resources for organizations and individuals—including parents, adults working with youth, and students—are located at the end of this report.

How to understand statistically significant results

Although the difference between some numbers may appear large, these differences are not considered statistically significant unless they are explicitly stated as such or are identified with the following symbols:

- ▲ statistically significant increase in a negative behavior
- ▲ statistically significant increase in a positive behavior
- ▼ statistically significant decrease in a positive behavior
- ▼ statistically significant decrease in a negative behavior
- ■ difference is not statistically significant

All estimates within this report were calculated at a 95% confidence interval, meaning that if the 2013 surveys were repeated 100 times, 95 of those repeated surveys would produce estimates within the confidence interval range calculated for the estimates in this report. In this report, change is described as "significant" when the change has been determined to be "statistically significant." This does not relate to the size of the change that has occurred. Rather, it is determined that the change observed between years is more likely to represent real change (95%) than it is to represent chance (5%).

How to get more information about the Maryland YRBS

For more information about the Maryland YRBS, please contact:

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Additional information on the Maryland YRBS results can be found at the CDC website: http://www.cdc.gov/HealthyYouth/YRBS.

Highlights

New Data in the 2013 YRBS

For the first time in 2013, the Maryland YRBS high school questionnaire included questions on sexual behavior, sexual violence and sexual identity:

- Data were collected on the following sexual behavior measures: ever had sexual intercourse; had sexual intercourse during past three months; drank alcohol or used drugs before sexual intercourse; had sexual intercourse with four or more people during lifetime; age of first sexual intercourse; used a condom during last sexual encounter; and used birth control pills, IUD or implant, shot or birth control ring during last sexual encounter.
- Data were collected on the following sexual violence measures: ever physically forced to have sexual intercourse when you did not want to; and how many times during past year did someone you were dating force you to do sexual things that you did not want to do.
- Data were also collected on sexual identity. Students were asked, "Which of the following best describes you?" The response choices were "heterosexual (straight)," "gay or lesbian," "bisexual," or "not sure."

Statistically Significant Trends

The following behaviors showed statistically significant trends from 2005 to 2013 that were not seen in the 2011 YRBS Report:

- Favorable trends:
  - Were bullied on school property—decreased
  - Are physically active for 60 or more minutes five or more days per week—increased
  - Have ever had a drink of alcohol—decreased
- Unfavorable trends:
  - Rarely or never wear a seatbelt—increased
  - Used smokeless tobacco in the past 30 days—increased
  - Have used a needle to inject any illegal drug into their body—increased

The following variables showed statistically significant trends from 2005 to 2013 that were not seen in the 2011 YRBS Report:

- Favorable trends:
  - Feel that teachers really care—increased
  - Felt sad and hopeless—decreased
  - Watched three or more hours of TV per day—decreased
  - Drank a soda one or more times per day during the past week—decreased
  - Have ridden in a car driven by someone who had been drinking in last 30 days—decreased
  - Carried a weapon—decreased
  - Carried a weapon on school property—decreased
  - Used any type of tobacco in the past 30 days—decreased
  - Smoked cigarettes in the past 30 days—decreased
  - Smoked a whole cigarette before age 13—decreased
  - Had a drink of alcohol before age 13—decreased
  - Drank alcohol in the past 30 days—decreased
- Unfavorable trends:
  - Have an adult outside of school to whom they can talk about things that are important to them—decreased
  - Comfortable seeking help from other adults beside their parents—decreased
  - Are taught in school about HIV/AIDS infection—decreased
  - Played video/computer games or used a computer for something that was not schoolwork three or more hours per day—increased

Health Disparities

For the first time in the history of the Maryland YRBS, a sexual identity question was included in 2013. When compared to heterosexual youth, risk factors were significantly higher among gay, lesbian and bisexual youth for the majority of variables. In fact, gay, lesbian and bisexual youth were more than twice as likely to report feeling sad and hopeless during the past year (51.5% compared to 23.8%) and were about three times more likely to report having seriously considered attempting suicide during the past year (40.9% compared to 12.8%), ever having been physically forced to have sexual intercourse (23.9% compared to 8.0%), and having been physically hurt by a boyfriend/girlfriend during the past year (22.9% compared to 8.7%). Gay, lesbian and bisexual youth were also more likely than heterosexual youth to report having had sexual intercourse during the past three months (42.0% compared to 25.9%).

The 2013 YRBS data also show similar risk behavior disparities by gender. Females were significantly more likely than males to have felt sad or hopeless (34.2% compared to 19.7%). Females were also about twice as likely to have seriously considered suicide (20.0% compared to 11.6%). Compared to males, females were more likely to report ever having been physically forced to have sexual intercourse (11.5% versus 8.6%), and having been physically hurt by a boyfriend/girlfriend during the past year (12.0% versus 9.7%). Males, on the other hand, were significantly more likely to report texting while driving during the past month (35.2% compared to 30.4%), being current tobacco users (19.7% compared to 13.6%), and being current marijuana users (21.6% compared to 17.8%).

Disparities were also seen by race and ethnicity. Hispanic youth were more likely than non-Hispanic black and non-Hispanic white youth to report feeling sad or hopeless (32.3%, 27.4%, and 25.2%, respectively), having seriously considered suicide (18.9%, 15.6%, and 14.9%, respectively),

ever having been physically forced to have sexual intercourse (14.3%, 11.5%, and 7.6%, respectively), and having been physically hurt by a boyfriend or girlfriend during the past year (14.9%, 11.0%, and 9.3%, respectively).

Hispanic and non-Hispanic black youth were more likely than non-Hispanic white youth to report having missed school on one or more days during the past month because they felt unsafe (12.3%, 10.0%, and 6.2%, respectively). Non-Hispanic black and Hispanic youth were also less likely than non-Hispanic white youth to be physically active for 60 minutes per day, 5 or more times per week (33.3%, 34.1% and 47.4%, respectively) and were more likely to be overweight or obese (31.2%, 31.4% and 21.4%, respectively).

Non-Hispanic whites had the highest rates of current alcohol use, with 37.4% reporting having one or more drinks in the past month, compared to 30.4% for Hispanics and 25.2% for non-Hispanic blacks. Non-Hispanic whites were also significantly more likely to report binge drinking than Hispanic or non-Hispanic black youth (22.1%, 17.6%, and 11.2%, respectively).

For more information on disparities, see Appendix A.

Bullying and Harassment

2013 SURVEY HIGHLIGHTS

Bullying on school property continued to decrease significantly between 2005 and 2013. The percentage of students who report being bullied electronically has remained unchanged since 2011, when the question was added to the survey. The percentage of students who did not go to school because they felt unsafe did not change significantly between 2005 and 2013.

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2005 to 2013 Trend
Were bullied on school property	28.4%	25.7%	20.9%	21.2%	19.6%	▼
Were bullied electronically*	-	-	-	14.2%	14.0%	■
Did not go to school because they felt unsafe in the last 30 days	7.6%	7.4%	7.1%	7.4%	8.8%	■

*A comparison with 2005–2009 is not possible because this question was added in 2011.

Bullying is a form of youth violence. Although definitions of bullying vary, most agree that bullying includes the following:

- Attack or intimidation with the intention to cause fear, distress or harm that is either physical (hitting, punching), verbal (name calling, teasing) or psychological/relational (spreading rumors, practicing social exclusion);
- A real or perceived imbalance of power between the bully and the victim; and
- Repeated attacks or intimidation between the same children over time.

Bullying can occur in person or through technology (known as electronic aggression, or cyberbullying). Electronic aggression is bullying that occurs through email, chat rooms, instant messaging, websites and text messaging. This aggression also includes bullying through videos or pictures that are posted on websites or sent via cell phones.

Bullying can result in physical injury, social and emotional distress and even death. Victimized youth are at increased risk for depression, anxiety, sleep difficulties and poor school adjustment. Youth who bully others are at increased risk for substance use, academic problems and violence later in adolescence and adulthood. Compared to youth who only bully others or who are only victims, bully-victims (those who bully others and are bullied themselves) suffer the most serious consequences and are at greater risk for both mental health and behavior problems.

Actions taken to address this behavior

On July 1, 2009, Maryland's 24 local school systems adopted policies prohibiting bullying, harassment and intimidation in their schools and at school-sponsored events. In 2013 the Maryland General Assembly proposed the "Gracie Law," which allows up to one year in jail and a $500 fine if an individual is found guilty of cyber-bullying. The Senate quickly passed this bill, which essentially takes the existing law and applies it to all forms of social media.

The school systems also were required to develop bullying prevention programs. The school systems were able to choose the program most suitable for their needs and choose the means of educating students, staff, volunteers and parents. The types of bullying prevention programs implemented in the school systems vary.

In addition, all counties are now required to have the Bullying, Harassment, or Intimidation form digitized (meaning able to be filled out and submitted electronically).

Protective Factors

2013 SURVEY HIGHLIGHTS

A high percentage of Maryland youth report having an adult outside of school whom they can approach about important issues. The percentage of youth who feel comfortable seeking help from adults other than their parents experienced a significant decrease between 2005 and 2013. The percentage of youth who are taught about HIV/AIDS infection in school also experienced a significant decrease; however, the majority still report that they are taught about HIV/AIDS. The percentage of youth who participate in extracurricular activities did not change significantly between 2005 and 2013.

Protective factors represent the support structures that youth have within their families, schools and communities. Protective factors help guide youth away from risky behaviors and toward healthy behaviors. These factors include the following:

- Having parents, teachers or other adults to turn to for advice or to discuss problems with;
- Receiving support from school personnel;
- Being taught about specific risks; and
- Participating in extracurricular activities such as community service, sports, clubs and after-school programs.

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2005 to 2013 Trend
Have an adult outside of school to whom they can talk about things that are important to them	87.3%	85.9%	86.0%	84.6%	84.0%	▼
Feel comfortable seeking help from other adults besides their parents	84.7%	84.9%	83.1%	79.7%	77.3%	▼
Feel that teachers really care	49.4%	49.7%	54.1%	54.6%	55.0%	▲
Are taught in school about HIV/AIDS infection	89.5%	85.3%	85.7%	83.5%	84.6%	▼
Participate in extracurricular activities	61.1%	61.6%	64.7%	61.5%	67.4%	■

Actions taken to address this behavior

School connectedness is a major protective factor that results in decreases in school dropout rates, substance abuse, school absenteeism, gang involvement and school violence, unintentional injury, bullying and other youth risk behaviors. For 14 years, the Positive Behavioral Interventions and Supports (PBIS) program (http://www.marylandpublicschools.org/MSDE/divisions/studentschoolsvcs/student_services_alt/PBIS) has been implemented in Maryland schools to improve school climate. PBIS is implemented through a partnership among the Maryland State Department of Education, the Sheppard Pratt Health System and the Johns Hopkins University Bloomberg School of Public Health. The PBIS program has shown positive results in reducing discipline referrals, suspensions, and truancy and improving school climate.

In 2010 Maryland was selected by the U.S. Department of Education's Office of Safe and Healthy Students to be one of 11 states to implement a Safe and Supportive Schools grant (http://www.mds3online.org). The goals of this initiative are to identify needs and select interventions to address school safety, student engagement and the school environment. In this randomized controlled study, school-level data are being collected annually for four years to assess school and student needs in the areas of bullying, substance abuse, student engagement and school safety. In addition, evidence-based practices are selected based on each school's survey, and implementation guidance is provided by trained staff to ensure fidelity.

Suicide

2013 SURVEY HIGHLIGHTS

The percentage of Maryland youth who reported feeling sad and hopeless declined significantly between 2005 and 2013. There was no significant change in the percentage of Maryland youth who seriously considered attempting suicide or made a suicide plan during this period.

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families and communities. While its causes are complex and determined by multiple factors, the goal of suicide prevention is simple: Reduce factors that increase risk (i.e., risk factors) and increase factors that promote resilience (i.e., protective factors). Ideally, suicide prevention addresses all levels of influence: individual, relationship, community and societal. Effective prevention strategies are needed to promote awareness of suicide and encourage a commitment to social change.

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2005 to 2013 Trend
Felt sad and hopeless	29.7%	23.2%	25.1%	25.4%	27.0%	▼
Male	21.5%	15.5%	20.2%	19.2%	19.7%	■
Female	38.1%	30.7%	30.1%	31.4%	34.2%	■
Seriously considered attempting suicide	17.4%	13.2%	14.5%	16.2%	16.0%	■
Made a suicide plan	12.2%	10.2%	11.6%	12.6%	12.5%	■

Actions taken to address this behavior

Local school systems continue to enhance and develop youth suicide prevention and early intervention strategies. This is accomplished through collaborations and partnerships with local schools, colleges, mental health systems, juvenile justice systems, various community agencies and nonprofits. Many local school systems are using evidence-based programs to provide gatekeeper trainings to school staff.

The Maryland State Department of Education is an active member of the Governor's Commission on Suicide Prevention (http://dhmh.maryland.gov/suicideprevention/SitePages/Home.aspx). The Commission has identified three goals with eight strategies to address suicide prevention. MSDE will address the sixth strategy by working with local school system personnel to discuss best practices that are considered post-intervention strategies related to student deaths from suicide.

The Maryland State Department of Education sponsors an annual suicide prevention professional development meeting that is attended by suicide prevention points of contact in Maryland's 24 local school systems. The meeting provides highlights of best practices, resources, identification of local programs and implementation strategies. The points of contact are then charged with disseminating this information to their colleagues.

Overweight and Obesity

2013 SURVEY HIGHLIGHTS

There was no significant change from previous years.

According to the CDC, childhood obesity has more than doubled in children and tripled in adolescents in the past 30 years. Childhood obesity has both immediate and long-term effects on the health of individuals. Immediate health effects include a higher risk for cardiovascular disease, prediabetes, bone and joint problems, sleep apnea, and social and psychological problems. Long-term health effects include a higher risk for adult health problems such as heart disease, type 2 diabetes, stroke, osteoarthritis and several types of cancer.

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2005 to 2013 Trend
Are overweight or obese (based on self-reported height and weight)	28.7%	28.3%	27.8%	27.4%	25.8%	■
Describe themselves as overweight	27.4%	27.5%	27.5%	26.3%	26.7%	■
Are trying to lose weight	42.5%	42.6%	43.7%	44.2%	44.7%	■
Male	29.0%	28.4%	32.3%	31.0%	31.0%	■
Female	56.2%	57.0%	55.6%	58.0%	58.5%	■

Actions taken to address this behavior

Nutrition education is addressed in Standard 6 of the Maryland State Curriculum for Health Education (http://mdk12.org/instruction/curriculum/health): "Students will demonstrate the ability to use nutrition and fitness knowledge, skills and strategies to promote a healthy lifestyle." Each local public school system shall provide an instructional program in comprehensive health education each year, with sufficient frequency and duration to meet the requirements of the state curriculum for all students in prekindergarten through grade 8, and offer a comprehensive health education program in grades 9–12 that enables students to meet graduation requirements and to select health education electives.

The Maryland State Department of Education supports nutrition and physical activity wellness policies designed and implemented by each local school system. The wellness policies are designed to help students learn to take responsibility for their nutritional health and to guide them in their efforts to adopt healthy behaviors, habits and attitudes for life. Wellness policies are developed and maintained through a collaborative effort of school supervisors from nutrition services, physical education, health education and other areas involved with student wellness. Each school system's wellness policy must address the following four components:

1. Nutrition guidelines
2. Physical education/physical activity
3. Nutrition and health education
4. Other school-based activities

The Maryland Department of Health and Mental Hygiene, Maryland State Department of Education, Institute for a Healthiest Maryland, and University of Maryland School of Medicine evaluated the strength and comprehensiveness of written, local school system wellness policies as well as school system and school-level implementation of wellness policies and practices. This analysis will facilitate enhanced state-level technical assistance for school systems to strengthen policies and to improve school-level implementation and support for healthy eating and physical activity.

Physical Activity

2013 SURVEY HIGHLIGHTS

There was no significant change in the percentage of Maryland youth who engage in 60 minutes of physical activity per day between 2011 and 2013. However, the increase in this percentage between 2005 and 2013 is still significant.

The percentage of Maryland youth who watch three or more hours of TV per day continues to decrease since the survey began in 2005. However, the percentage who play video or computer games or use a computer for reasons other than schoolwork for three or more hours per day rose between 2009 and 2011.

The Physical Activity Guidelines for Americans, issued by the U.S. Department of Health and Human Services, recommends that children and adolescents aged 6–17 years should have 60 minutes or more of physical activity each day. Regular physical activity among children and adolescents is associated with improved cardiovascular and muscular fitness, bone health, metabolism and body composition. To maintain healthy outcomes into adulthood and reduce the risk of diseases such as coronary heart disease, stroke, some cancers, type 2 diabetes, osteoporosis and depression, physical activity must be a lifelong habit. Although Maryland requires most middle school students to take physical education every semester, the requirement for high school students drops to .5 credits (or one semester) of physical education over 4 years.

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2005 to 2013 Trend
Are physically active for 60 or more minutes five or more days per week*	32.4%	30.6%	38.8%	41.2%	40.1%	▲
Participated in a physical education class on one or more days per week	37.6%	37.0%	39.3%	37.8%	39.1%	■
Males	44.9%	44.4%	48.1%	44.4%	46.7%	■
Females	30.2%	29.8%	30.6%	31.1%	31.3%	■
Watched three or more hours of TV per day	40.7%	41.9%	39.1%	34.2%	31.4%	▼
Played video/computer games or used a computer for something that was not schoolwork three or more hours per day**	-	-	28.9%	34.5%	36.3%	▲
Went to physical education classes five days in an average week when they were in school	19.1%	15.6%	20.0%	19.3%	18.2%	■

*Any statistically significant changes must be interpreted with caution because of the change in question order that occurred in the 2009 survey.
**A quantitative comparison with 2005 results is not possible because this question was not included in the 2005 or 2007 Maryland YRBS.

Actions taken to address this behavior

Physical activity is addressed in Standard 5 of the Maryland State Curriculum for Physical Education: “Students will demonstrate the ability to use the principles of exercise physiology, social psychology, and biomechanics to design and adhere to a regular, personalized, purposeful program of physical activity consistent with their health, performance, and fitness goals in order to gain health and cognitive/academic benefits.”

Each local school system shall provide in public schools an instructional program in physical education each year, with sufficient frequency and duration to meet the requirements of the state curriculum for all students in prekindergarten through grade 8 and offer a physical education program in grades 9–12 that enables students to meet graduation requirements and to select physical education electives.

The physical activity needs of Maryland youth can be addressed in schools through wellness policies designed and implemented by each local school system. These wellness policies are designed to help students learn to take responsibility for their personal health and wellness and to guide them in their efforts to adopt healthy behaviors, habits and attitudes for life.

Wellness policies are developed and maintained through a collaborative effort of school supervisors from nutrition services, physical education, health education and other areas involved with student wellness. Each school system’s wellness policy must address the following four components:

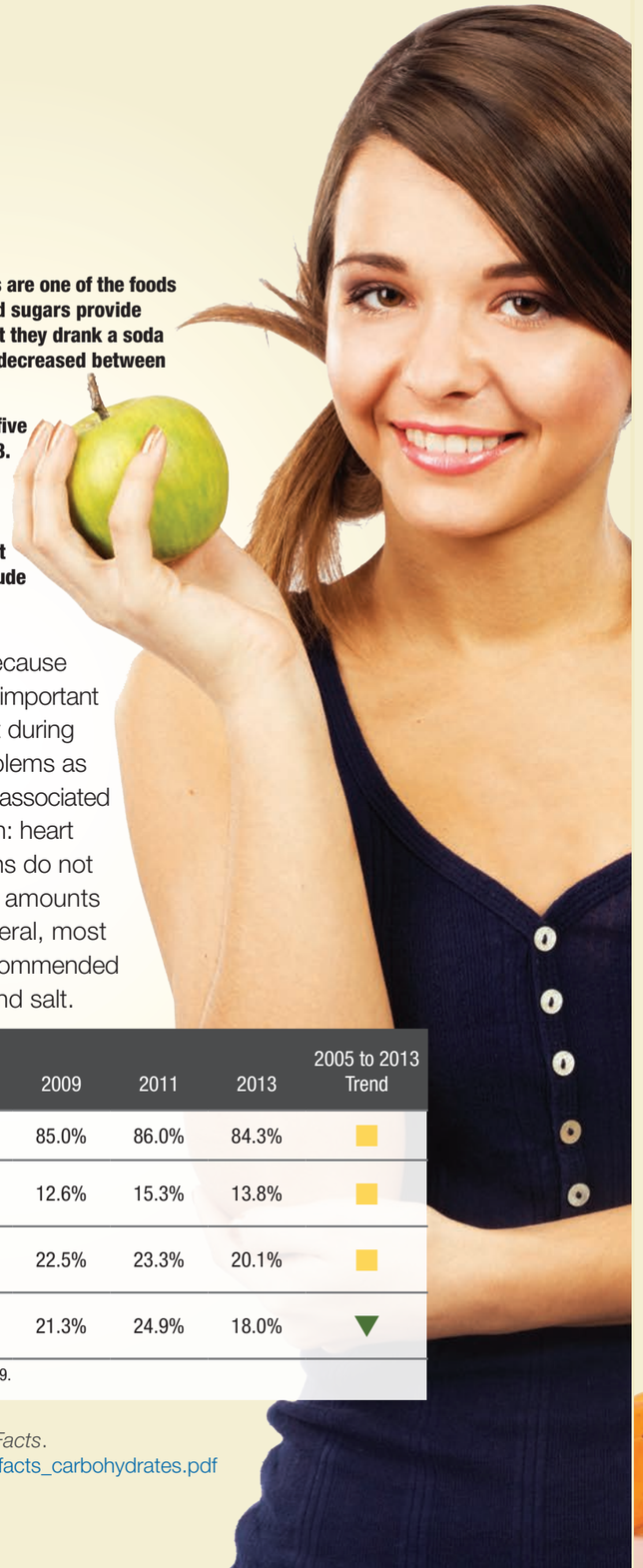
1. Nutrition guidelines
2. Physical education/physical activity
3. Nutrition and health education
4. Other school-based activities

Nutrition

2013 SURVEY HIGHLIGHTS

The U.S. Department of Health and Human Services notes that sodas are one of the foods that contributes the most added sugars to Americans' diets. Added sugars provide calories, but not nutrients. The percentage of students reporting that they drank a soda one or more times per day during the past week has significantly decreased between 2009 and 2013 to 18.0%.*

Overall, the percentage of students who ate fruits and vegetables five or more times per day remained unchanged between 2005 and 2013. However, there was a significant decrease in this percentage between 2011 and 2013. The U.S. Department of Agriculture My Plate recommends that Americans fill half their plates with fruits and vegetables and the remaining half with grains, making at least half of them whole, and lean proteins. Also, their plates should include a glass of 1% or nonfat milk.



Eating a healthy diet during adolescence is essential because teenagers are still growing and adding bone mass while important emotional changes are also taking place. A healthy diet during adolescence aids in the prevention of such health problems as anemia, cavities and obesity. Eating a healthy diet is also associated with the prevention of the three leading causes of death: heart disease, cancer and stroke. In general, most Americans do not eat a healthy diet, exceeding the recommended daily amounts of calories for fats, cholesterol, sugar and salt. In general, most Americans do not eat a healthy diet, exceeding the recommended daily amounts of calories for fats, cholesterol, sugar and salt.

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2005 to 2013 Trend
Ate fruit during past week	84.4%	81.5%	85.0%	86.0%	84.3%	■
Ate vegetables three or more times per day during past week*	-	-	12.6%	15.3%	13.8%	■
Ate fruits and vegetables five or more times per day during past week	19.9%	19.0%	22.5%	23.3%	20.1%	■
Drank a soda one or more times per day during past week*	-	-	21.3%	24.9%	18.0%	▼

*Comparisons with 2005 and 2007 are not possible because the question was added in 2009.

*U.S. Department of Health and Human Services. (n.d.). *Health Facts*. Retrieved from http://www.csrees.usda.gov/nea/food/pdfs/hhs_facts_carbohydrates.pdf

Actions taken to address this behavior

Since 2012 Maryland schools have implemented meal pattern revisions in the National School Lunch Program and School Breakfast Program, as outlined in the Healthy, Hunger-Free Kids Act of 2010. The changes increased the availability of fruits, vegetables, whole grains and low-fat and fat-free dairy to Maryland students. There were also reductions in sodium and fat content and new grade-based calorie guidelines for school meals. As part of this transition, there has been a large focus on improving the culinary skills of school food service professionals, enhancing the nutrition environment in schools and expanding evidence-based nutrition education programs for students.

In July 2014 all Maryland schools will be implementing new, federally mandated nutrition standards for all foods sold in schools, including à la carte items in cafeterias, vending machines and school stores.

Sexual Behavior

2013 SURVEY HIGHLIGHTS

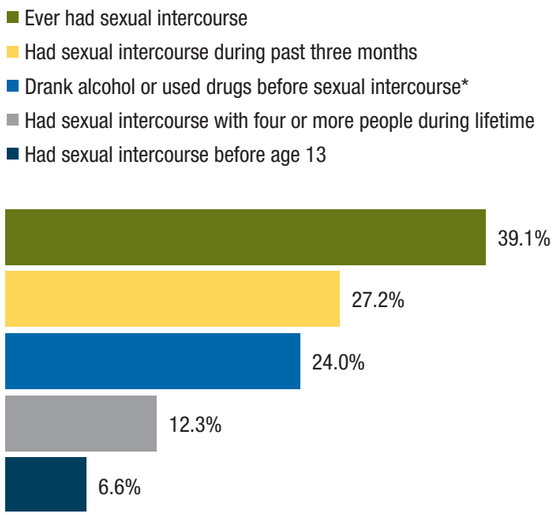
This is the first year that questions about youth sexual behavior were asked. A total of 39.1% of Maryland youth have had sexual intercourse. Significantly more males reported sexual intercourse (41.9%) than females (36.4%). Significantly more males than females had sexual intercourse before they were 13 years of age (10.2% and 3.2%, respectively).

Among youth who have ever had sexual intercourse, one in four (24.0%) reported having drank alcohol or used drugs before sexual intercourse.

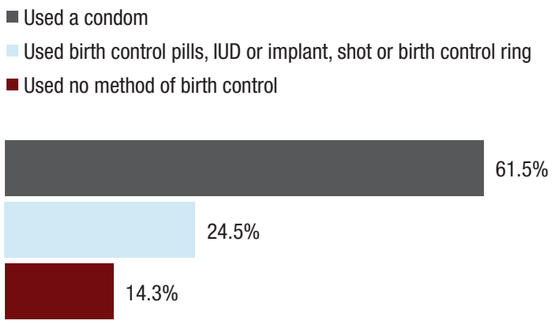
Of the Maryland youth who reported using birth control the last time they engaged in sexual intercourse, 61.5% reported using a condom. Almost one-quarter reported that they used birth control pills, an IUD or implant, a shot or a birth control ring. Only 14.3% reported no use of any method of birth control.

When young people engage in risky sexual behaviors, it can result in adverse health outcomes such as sexually transmitted infections, unintended pregnancy and negative effects on social and psychological development. The use of alcohol or drugs may prevent youth from making healthy choices, such as being abstinent or using a condom.

Percentage of Maryland youth who:



Reported usage of birth control the last time Maryland youth engaged in sexual intercourse



*The percentage of youth who drank alcohol or used drugs before sexual intercourse is only among youth who have ever had sex.

Actions taken to address this behavior

The Maryland Department of Health and Mental Hygiene, Maternal and Child Health Bureau, administers the Maryland Abstinence Education and Coordination Program, which uses a multi-dimensional approach to promote sexual abstinence among adolescents as the healthiest choice for Maryland youth. Providing teens and their caregivers with the information and tools to help delay sexual activity and prevent unplanned pregnancy and sexually transmitted infections is vital to improving outcomes for adolescents. Maryland supports agencies and community groups that serve high-risk populations that are in need of abstinence education and programming.

The purpose of the federally funded Personal Responsibility Education Program (PREP) is to educate adolescents on abstinence, contraception, and other adult preparation topics. The goal is to prevent unintended pregnancy and sexually transmitted infections, including HIV/AIDS. States are encouraged to serve youth aged 10-19 who meet the following criteria:

- With residence in geographic areas with high teen birth rates
- In or aging out of foster care or the juvenile justice system
- Homeless/runaway/out of school
- Pregnant or parenting
- With HIV/AIDS

The Maryland Department of Health and Mental Hygiene, Maternal and Child Health Bureau, awards mini-grants to local health departments and community partners that demonstrate a need for PREP funding in their community and a capacity to implement an approved, evidence-based curriculum to the youth population. For more information, go to http://phpa.dhmh.maryland.gov/mch/SitePages/teenpreg.aspx.

Injury and Violence

2013 SURVEY HIGHLIGHTS

Between 2005 and 2013, there was a significant increase in the percentage of youth who reported never or rarely wearing a seatbelt. This trend is especially troubling in light of the fact that motor vehicle crashes are the leading cause of death among adolescents nationwide. However, the percentage of Maryland youth who reported riding in a car with someone who had been drinking has significantly decreased. One-third of Maryland youth reported texting or emailing while driving; significantly more males than females reported doing so.

There were no significant changes in the percentage of Maryland youth who reported fighting on school property. However, significantly fewer youth reported carrying a weapon. Significantly more males than females reported carrying a weapon at least once during the 30 days before the survey (22.7% and 8.3%, respectively).

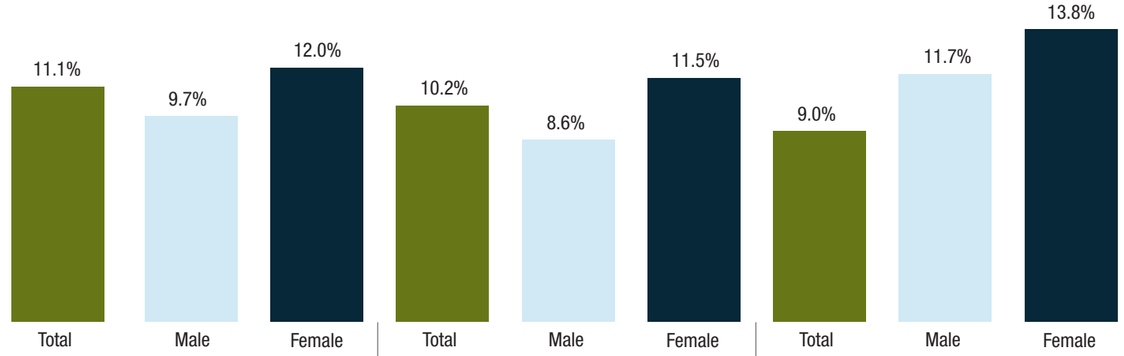
A little more than 10% of Maryland youth reported that they had been physically hurt by someone they were dating. Ten percent reported that they were physically forced to have sexual intercourse when they did not want to, and 9% reported that they were forced by the person they were dating to do sexual things they did not want to do. Significantly more females than males reported being hurt, physically forced to have sexual intercourse, or physically forced to do sexual things they did not want to do.

Motor vehicle crashes kill more teens in the United States than any other cause of death. On average, between 2007 and 2011, 87 people lost their lives and 9,546 people were injured each year in crashes involving a driver aged 16-20 years old in Maryland. Most motor vehicle-related deaths and injuries are predictable and preventable.

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2005 to 2013 Trend
Motor Vehicle-Related Risk Factors						
Rarely or never wear a seatbelt	6.1%	9.5%	8.2%	11.8%	10.0%	▲
Have ridden in a car driven by someone who had been drinking in last 30 days	25.0%	28.9%	26.7%	25.9%	20.7%	▼
Have driven a car after drinking in last 30 days	7.2%	8.5%	8.7%	7.7%	8.8%	■
Violence						
Had a physical fight on school property	14.9%	12.4%	11.2%	11.0%	14.3%	■
Carried a weapon	19.1%	19.3%	16.6%	15.9%	15.8%	▼
Carried a weapon on school property	6.9%	5.9%	4.6%	5.3%	4.8%	▼
Had been physically hurt by a boyfriend/girlfriend (among students who dated or went out with someone)*	16.3%	15.5%	16.9%	16.0%	11.1%	—

*Any statistically significant changes must be interpreted with caution because of a change in the wording of the question in 2013.

Percentage of students who:



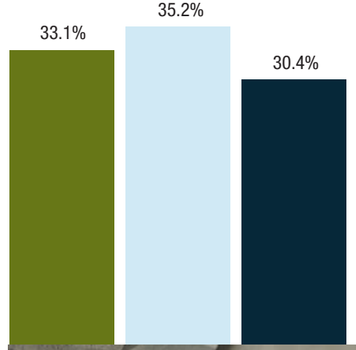
Actions taken to address this behavior

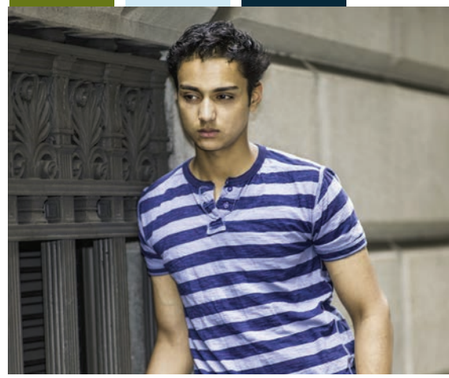
Comprehensive Health Education: Students in all 24 jurisdictions receive information on topics of injury and violence prevention as part of the Maryland Health Education Essential Curriculum developed by the Maryland State Department of Education. Safety and Injury Prevention is one of the state standards in the comprehensive pre-K–12 health education curriculum. Health education is a high school graduation requirement.

Sexual Harassment/Assault Prevention Grant: For the past 16 years, the Maryland State Department of Education has been collaborating with DHMH on the Sexual Harassment/Assault Prevention Program (SHAPP).

- The school-based SHAPP focuses on the primary prevention of bullying, sexual harassment, teen dating violence and sexual assault, and the promotion of healthy relationships in the lives of Maryland youth.
- School systems wishing to participate in an enhanced program submit a grant proposal to receive funds for teacher and administrative staff training, curriculum materials and targeted activities for students related to sexual violence prevention.
- Participating school systems receive guidelines outlining the types of activities supported by the grant but also have the flexibility to tailor the initiative to meet the needs of their school community. As a result, a variety of curricula and out-of-classroom activities are being implemented.
- A recent evaluation of SHAPP indicates that the systematic implementation of sexual assault/harassment and bullying prevention programs may result in a more positive school climate, an increased sense of safety among students and staff and a decrease in incidents of sexual harassment/assault and bullying.

Percentage of students who texted or emailed while driving, by gender





Tobacco Use

2013 SURVEY HIGHLIGHTS

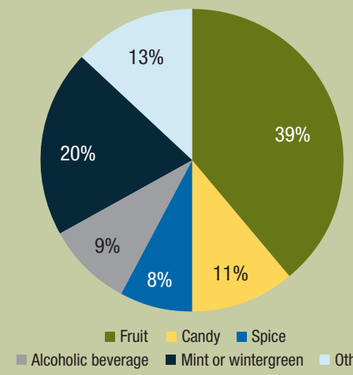
The percentage of Maryland youth who are current users of any type of tobacco declined significantly between 2005 and 2013, as did the percentage of current cigarette smokers. The percentage of youth who smoked a whole cigarette before age 13 also declined significantly during that time. However, the percentage of youth who currently use smokeless tobacco increased significantly between 2005 and 2013. There was no significant change in the percentage of youth who are current cigar smokers between 2005 and 2013.

The overwhelming majority of adult cigarette smokers initiated and established the habit during adolescence. According to the Surgeon General, “Nearly all first use of cigarettes occurs by 18 years of age (88%), with 99% of first use by 26 years of age.”* Youth may not recognize the short-term impact of cigarette use, although damage to the respiratory and cardiovascular systems is almost immediate. Research shows strong causal associations between active cigarette smoking in young people and addiction to nicotine, reduced lung function, reduced lung growth, asthma and early abdominal atherosclerosis.

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2005 to 2013 Trend
Used any type of tobacco (cigarettes, cigars or smokeless tobacco) in past 30 days	20.4%	20.4%	18.0%	17.9%	16.9%	▼
Smoked cigarettes in past 30 days	16.5%	16.8%	11.9%	12.5%	11.9%	▼
Smoked a whole cigarette before age 13	13.7%	13.4%	10.8%	10.9%	8.0%	▼
Smoked a cigar in past 30 days	11.6%	11.0%	12.7%	12.9%	12.5%	■
Used smokeless tobacco in past 30 days	2.9%	4.2%	5.4%	7.2%	7.4%	▲

*U.S. Department of Health and Human Services. (2012). *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General—Executive Summary*. Retrieved from http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/exec-summary.pdf

Flavors of tobacco used by those who consumed flavored tobacco in the past 30 days



While adding flavoring other than menthol to cigarettes is illegal due to its appeal to children and youth, flavored cigars are common and popular among youth tobacco users. In the 2011 National Youth Tobacco Survey, the first year that the survey collected data on tobacco flavorings, more than 40% of youth tobacco users reported using flavored tobacco products, while more than 60% of cigar users smoked flavored cigars. The chart shows that candy and fruit flavors were most popular among youth.

Source: King B.A., Tynan M.A., Dube S.R., & Arrazola R. (2013). Flavored-little-cigar and flavored-cigarette use among U.S. middle and high school students. *Journal of Adolescent Health*, 54(1), 40-46. Retrieved from http://www.jahonline.org/article/S1054-139X(13)00415-1/fulltext

Actions taken to address this behavior

DHMH provides funding to each of Maryland's 24 jurisdictions for coalition-building, community-based initiatives, cessation, school-based initiatives and enforcement of underage tobacco sales to minors. Local health departments develop county-specific programming in line with state tobacco control goals.

In order to address the widespread use of flavored tobacco products among youth, DHMH developed and launched The Cigar Trap campaign (http://www.TheCigarTrap.com) to raise awareness among parents that youth are utilizing fruit-and candy-flavored tobacco at alarming rates. The campaign included radio, print, and television ads, as well as toolkits that can be found on the website. The slogan is "No matter how they sugarcoat it...Cigars Kill."

The Maryland Tobacco Quitline, 1-800-QUIT-NOW, launched a specialized youth protocol for tobacco users aged 13-17 years old. A series of confidential calls are scheduled with youth, at a time convenient for them, with highly skilled Youth Quit Coaches. Free services include personalized counseling through motivational interviewing; discussion of triggers, stressors, peer influences, exposure to secondhand smoke, and relapse prevention; and comprehensive self-paced educational materials mailed directly to the caller's home if desired. Services are available in English and Spanish.

Alcohol Use

2013 SURVEY HIGHLIGHTS

The percentage of binge drinkers did not change significantly between 2005 and 2013. However, the percentages of youth who have ever had a drink of alcohol, had a drink of alcohol before age 13, and are current drinkers all decreased significantly between 2005 and 2013. In 2013 more females (63.9%) than males (57.7%) reported having ever had at least one drink of alcohol.

According to the CDC, underage drinking presents several public health problems. These problems include the following:

- Excessive alcohol consumption contributes to more than 4,700 deaths among underage youth (that is, persons less than 21 years of age) in the United States each year.
- Underage drinking is strongly associated with many health and social problems among youth, including alcohol-impaired driving, physical fighting, poor school performance, sexual activity and smoking.
- About two in three high school students who drink do so to the point of intoxication. That is, they binge drink (defined as having five or more drinks in a row), typically on multiple occasions.
- Health effects of binge drinking include alcohol poisoning; unintentional injuries such as falls, burns and drowning; and neurological damage.

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2005 to 2013 Trend
Have ever had a drink of alcohol	73.1%	72.9%	67.2%	63.5%	60.9%	▼
Male	71.5%	70.7%	65.0%	59.8%	57.7%	▼
Female	74.7%	75.3%	69.3%	66.8%	63.9%	▼
Had a drink of alcohol before age 13	24.8%	23.5%	24.5%	23.2%	19.3%	▼
Drank alcohol in past 30 days	39.8%	42.9%	37.0%	34.8%	31.2%	▼
Male	37.6%	40.3%	34.4%	32.3%	29.3%	▼
Female	41.9%	45.3%	39.4%	36.8%	33.0%	▼
Binge drank in past 30 days	20.8%	23.9%	19.4%	18.4%	17.0%	■

Actions taken to address this behavior

Within the Maryland Department of Health and Mental Hygiene, the Maryland Alcohol and Drug Abuse Administration (ADAA) provides funding to each of Maryland's 24 local jurisdictions to address alcohol use by youth. Each jurisdiction's local health department has an Alcohol, Tobacco and Other Drug (ATOD) Prevention Office that provides alcohol prevention, education, outreach and services to the community.

The ADAA and the local prevention offices also provide resources that support 24 local community coalitions that specifically address the prevention of underage drinking, youth binge drinking and alcohol-related crashes involving youth at the community level.

Other Drug Use

Maryland youth are especially vulnerable to drug abuse. Their physical and psychological states of development cause them to be highly susceptible to the ill effects of drug use, not only at the moment of use but for years to come as well. Teen and preteen drug use may result in tragic consequences. Youth drug use may cause self-degradation, loss of control, and disruptive or anti-social behaviors.

Actions taken to address this behavior

ADAA provides funding to each of Maryland's 24 local jurisdictions to prevent drug use by youth. Each jurisdiction's local health department has an ATOD Prevention Office that provides substance abuse prevention, education, outreach and services to the community.

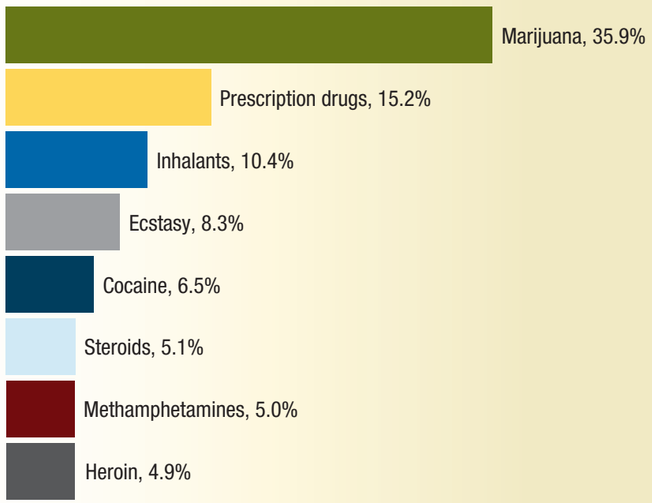
Each local prevention office assesses its local ATOD problems and factors that may contribute to those problems. Based on local needs, it provides a range of evidence-based programs and activities that address the community's youth drug-related problems, consequences and risk factors.

2013 SURVEY HIGHLIGHTS

There was no significant change in the percentage of Maryland youth who have ever tried marijuana or are current marijuana users between 2005 and 2013. In 2013 significantly more males were current users of marijuana (21.6%) than females (17.8%). Significantly more ninth graders (9.9%) reported trying marijuana for the first time before age 13 than did 12th graders (7.6%). The percentage of youth who used a needle to inject drugs into their body did increase significantly between 2005 and 2013.

Percentage of Maryland youth who:	2005	2007	2009	2011	2013	2005 to 2013 Trend
Have ever tried marijuana	38.2%	36.5%	35.9%	37.0%	35.9%	■
Tried marijuana for the first time before age 13	8.9%	8.6%	8.1%	8.5%	8.8%	■
Used marijuana in past 30 days	18.5%	19.4%	21.9%	23.2%	19.8%	■
Have used a needle to inject any illegal drug into their body	2.0%	2.1%	3.0%	4.1%	3.9%	▲

Percentage of Maryland youth who ever used the following drugs one or more times



Appendix A:

Health Disparities

Significant disparities exist among high school youth in Maryland. Gay, lesbian and bisexual youth were more likely to report feeling sad and hopeless, having seriously considered attempting suicide, ever having been physically forced to have sexual intercourse and having been physically hurt by a boyfriend/girlfriend during the past year.

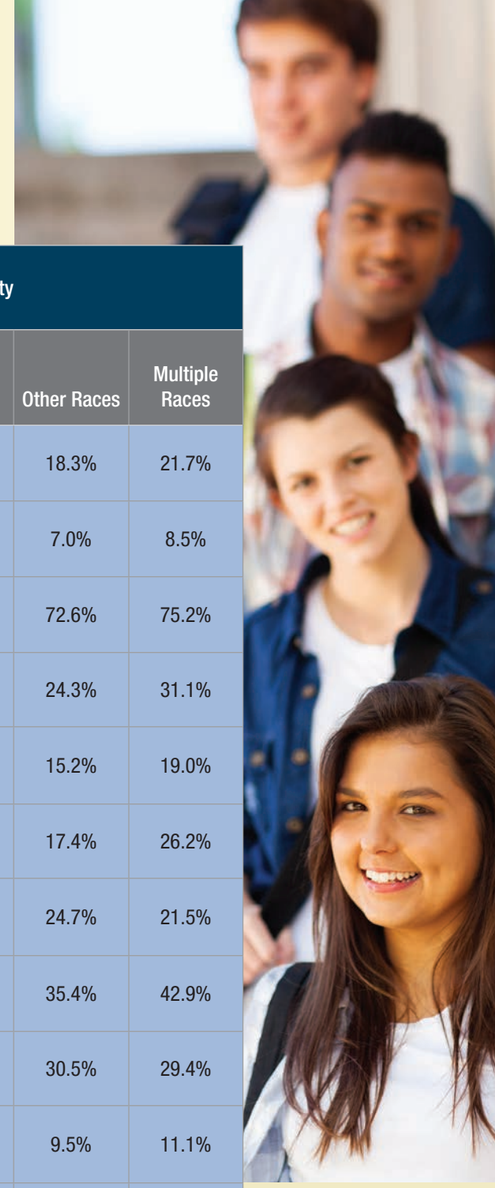
Females were also significantly more likely to report these risk factors than males. Males, on the other hand, were significantly more likely to report texting while driving, being current tobacco users and being current marijuana users.

Racial and ethnic disparities are also prevalent. Hispanic youth experienced the highest rates of sadness and hopelessness, thoughts of suicide, sexual violence and dating violence. Non-Hispanic black and Hispanic youth were more likely than non-Hispanic white youth to report having missed school because they felt unsafe. Non-Hispanic black and Hispanic youth were also less likely to be physically active and were more likely to be overweight or obese. Non-Hispanic whites had the highest rates of current alcohol use and binge drinking.

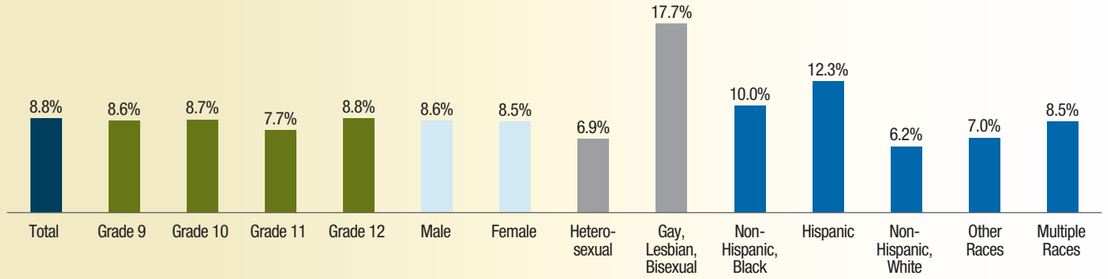
Differences in risk behaviors were also seen between grade levels. Reports of being bullied were the highest among 9th grade students and declined in higher grades. Physical activity and participation in physical education also declined in higher grades. Meanwhile, sexual intercourse, current tobacco use, current marijuana use and current alcohol use were significantly higher among students in the higher grades.

Health Disparities in the 2013 YRBS

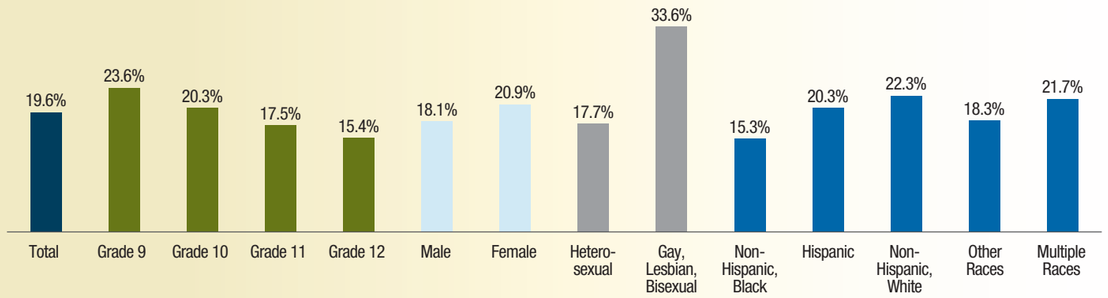
Topic	Variable	Total	Grade				Gender		Sexual Identity		Race/Ethnicity				
			Grade 9	Grade 10	Grade 11	Grade 12	Male	Female	Hetero-sexual	Gay, Lesbian, Bisexual	Non-Hispanic, Black	Hispanic	Non-Hispanic, White	Other Races	Multiple Races
Bullying	Bullied on school property during past year	19.6%	23.6%	20.3%	17.5%	15.4%	18.1%	20.9%	17.7%	33.6%	15.3%	20.3%	22.3%	18.3%	21.7%
Bullying	Did not go to school because felt unsafe	8.8%	8.6%	8.7%	7.7%	8.8%	8.6%	8.5%	6.9%	17.7%	10.0%	12.3%	6.2%	7.0%	8.5%
Protective Factors	Comfortable seeking help from adult beside parents	77.3%	75.3%	77.1%	78.3%	79.2%	76.0%	78.8%	78.2%	72.3%	75.3%	71.2%	81.5%	72.6%	75.2%
Suicide	Felt sad and hopeless during past year	27.0%	26.5%	27.1%	27.7%	26.3%	19.7%	34.2%	23.8%	51.5%	27.4%	32.3%	25.2%	24.3%	31.1%
Suicide	Seriously considered attempting suicide during past year	16.0%	16.4%	15.7%	15.7%	15.0%	11.6%	20.0%	12.8%	40.9%	15.6%	18.9%	14.9%	15.2%	19.0%
Overweight/Obesity	Are overweight or obese (based on BMI)	25.8%	27.2%	25.6%	25.5%	24.5%	28.6%	22.9%	24.6%	32.1%	31.2%	31.4%	21.4%	17.4%	26.2%
Nutrition	Ate fruits and vegetables 5 or more times per day	20.1%	19.8%	19.7%	20.3%	20.4%	21.1%	19.0%	19.8%	20.1%	19.6%	22.1%	19.0%	24.7%	21.5%
Physical Activity	Are physically active for 60 or more minutes, 5 or more days per week	40.1%	43.2%	41.2%	39.0%	37.0%	46.8%	33.8%	42.5%	25.4%	33.3%	34.1%	47.4%	35.4%	42.9%
Injury and Violence	Have texted or emailed while driving during past month (among students who drove)	33.1%	18.6%	16.5%	30.1%	49.7%	35.2%	30.4%	31.8%	39.3%	24.6%	35.7%	38.1%	30.5%	29.4%
Injury and Violence	Ever physically forced to have sexual intercourse	10.2%	8.8%	9.1%	10.7%	11.4%	8.6%	11.5%	8.0%	23.9%	11.5%	14.3%	7.6%	9.5%	11.1%
Injury and Violence	Physically hurt by a boyfriend/girlfriend during past year	11.1%	10.0%	10.6%	10.8%	11.5%	9.7%	12.0%	8.7%	22.9%	11.0%	14.9%	9.3%	11.1%	12.8%
Sexual Behavior	Had sexual intercourse during past three months	27.2%	14.4%	21.9%	32.0%	41.9%	27.5%	26.7%	25.9%	42.0%	29.7%	28.7%	27.2%	13.2%	27.8%
Tobacco	Used any type of tobacco (cigarettes, cigars, smokeless) in past 30 days	16.9%	10.8%	15.2%	18.2%	23.2%	19.7%	13.6%	14.4%	35.6%	14.1%	18.9%	19.0%	10.3%	15.9%
Alcohol	Had one or more drinks in past month	31.2%	20.5%	28.9%	34.8%	42.4%	29.3%	33.0%	29.7%	43.9%	25.2%	30.4%	37.4%	20.5%	32.9%
Other Drugs	Used marijuana in past 30 days	19.8%	13.2%	18.5%	22.2%	26.0%	21.6%	17.8%	17.9%	34.5%	21.0%	20.7%	19.7%	12.1%	21.6%



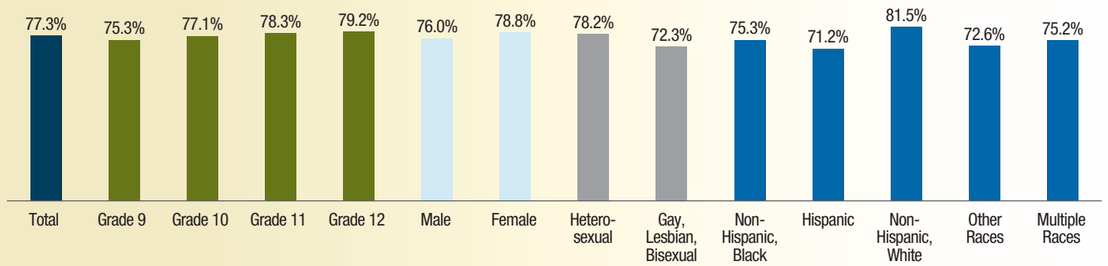
Bullying | Did not go to school because felt unsafe



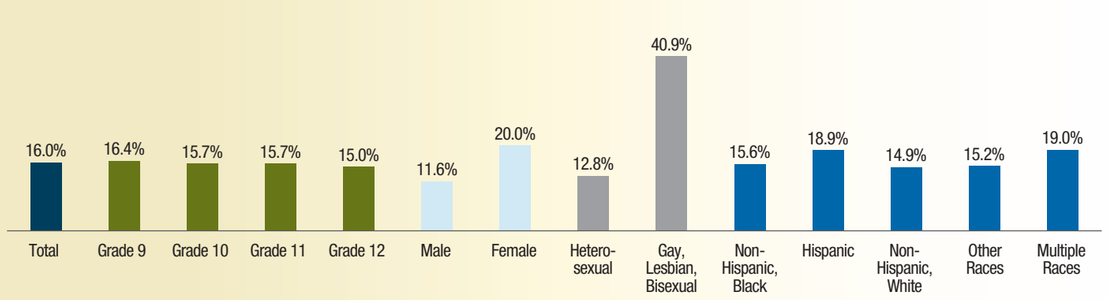
Bullying | Bullied on school property during past year



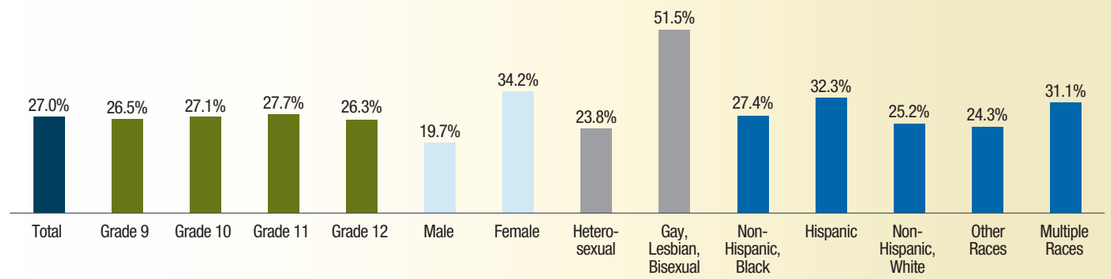
Protective Factors | Comfortable seeking help from adult besides parents



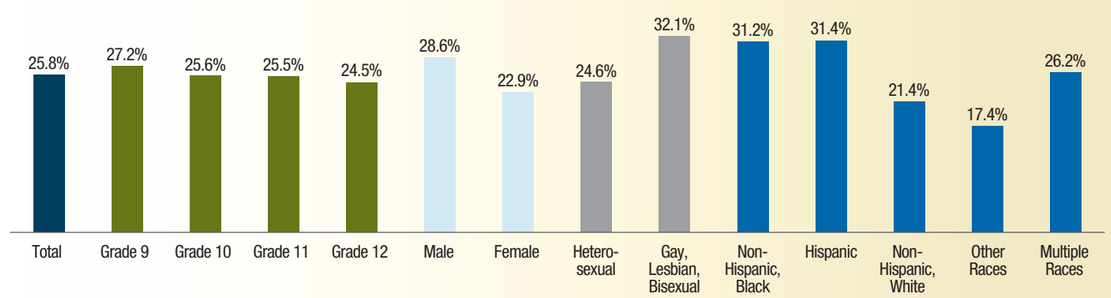
Suicide | Seriously considered attempting suicide during past year



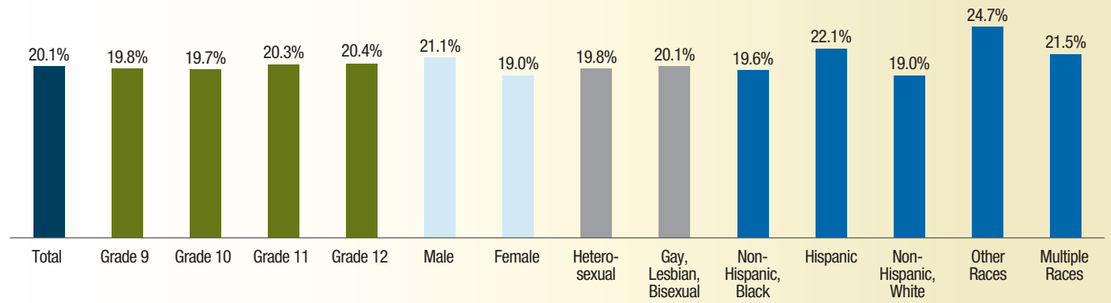
Suicide | Felt sad and hopeless during past year



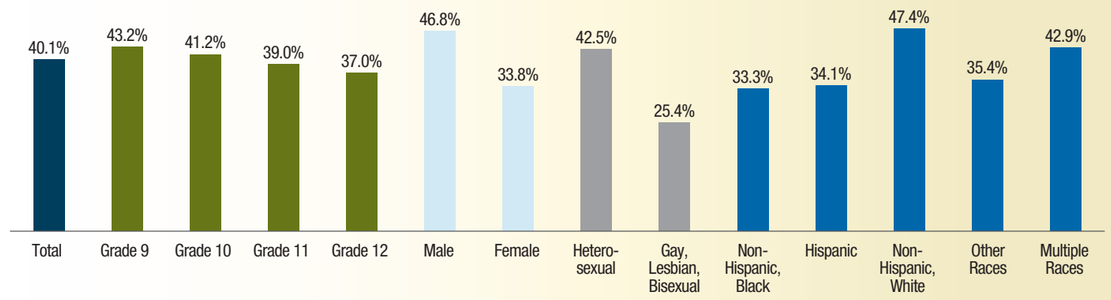
Overweight & Obesity | Are overweight or obese (based on BMI)



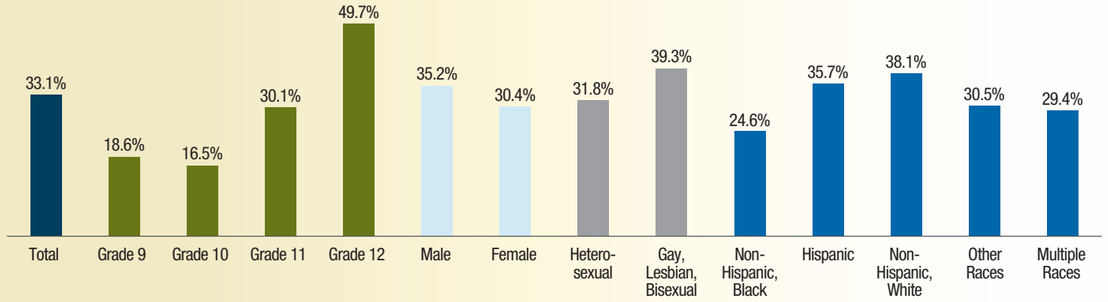
Nutrition | Ate fruits and vegetables 5 or more times per day



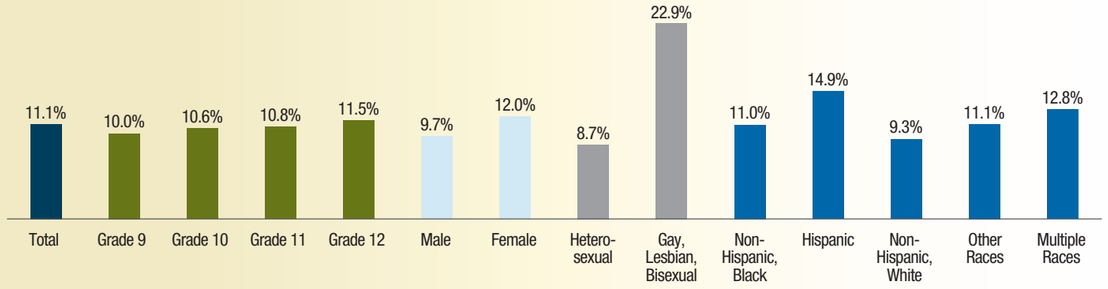
Physical Activity | Are physically active for 60 or more minutes, 5 or more days per week



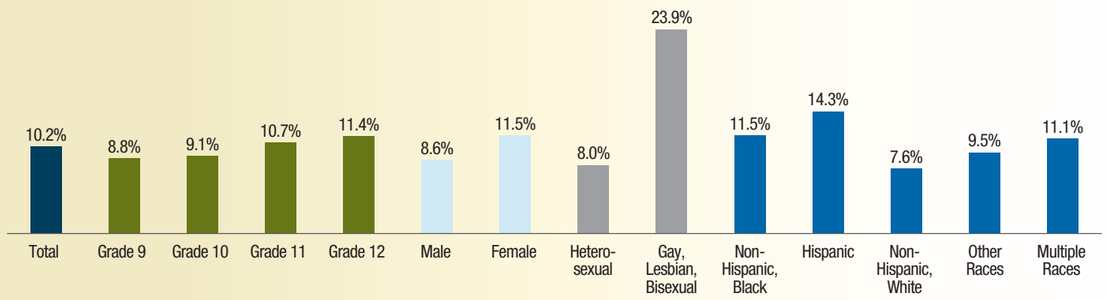
Injury & Violence | Have texted or emailed while driving during past month (among students who drove)



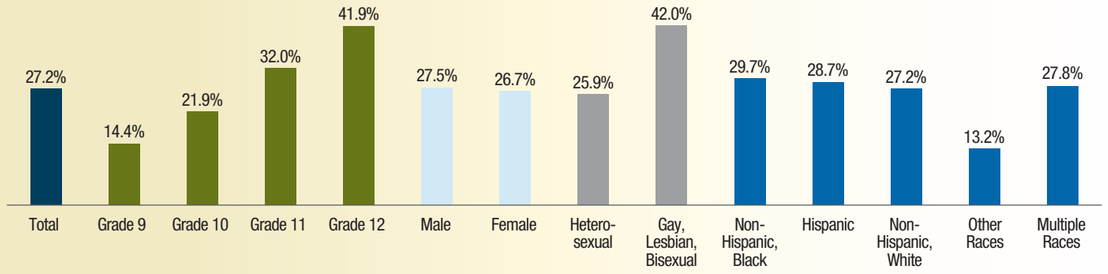
Injury & Violence | Physically hurt by a boyfriend/girlfriend during past year



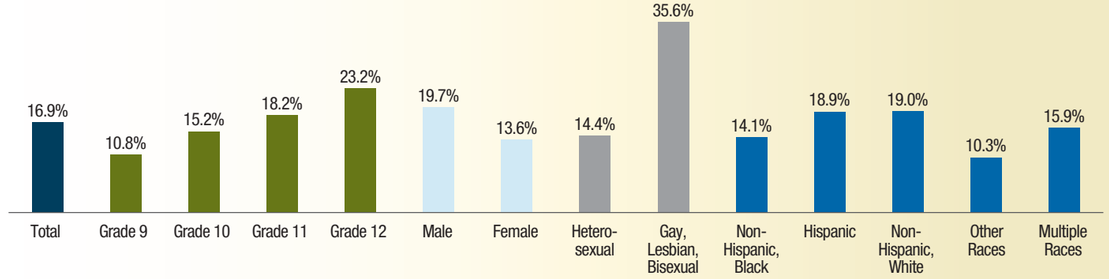
Injury & Violence | Ever physically forced to have sexual intercourse



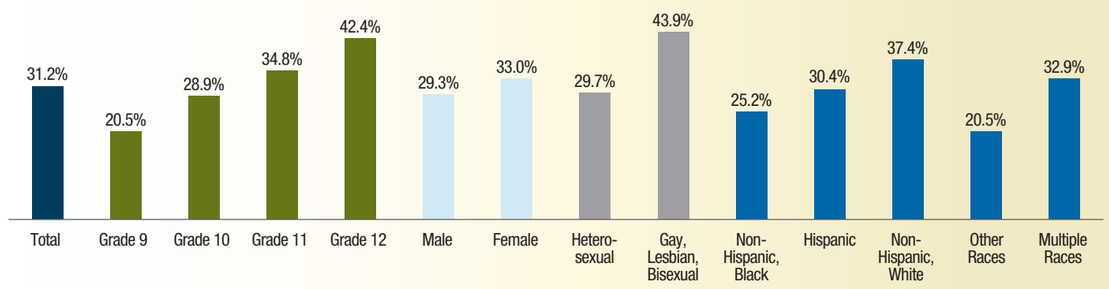
Sexual Behavior | Had sexual intercourse during past three months



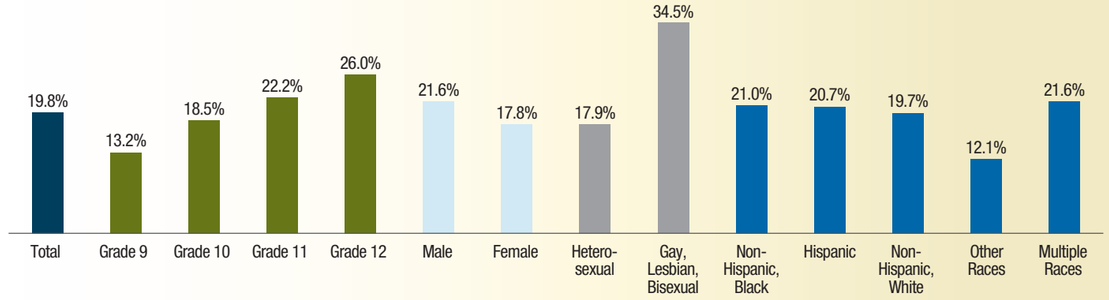
Tobacco | Used any type of tobacco (cigarettes, cigars, smokeless) in past 30 days



Alcohol | Had one or more drinks in past month



Other Drug Use | Used marijuana in past 30 days



Appendix B:

References

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Understanding bullying. Centers for Disease Control and Prevention.
http://www.cdc.gov/ViolencePrevention/pdf/Bullying_Factsheet-a.pdf. 2011. Accessed February 10, 2014.

Protective Factors—*None*

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Appendix C:

Resources

Bullying and Harassment

Bullying Info
http://www.stopbullying.gov
Provides tools and resources for youth, parents, teachers and mental health providers to prevent and address bullying. Includes tip sheets, videos and games. Available in Spanish.

Bullying Information Center
http://www.education.com/topic/school-bullying-teasing
Includes tip sheets, articles, resource links, examples of parents and schools working together to end bullying, and a free e-book titled "Bullying At School and Online." Some resources and publications available in Spanish.

Bullying Prevention
http://www.marylandpublicschools.org/MSDE/divisions/studentschoolsvcs/student_services_alt/bullying
Maintained by the Maryland State Department of Education. Provides information on bullying prevention including definitions, state laws, reports and information for parents.

Gay, Lesbian & Straight Education Network
http://www.glsen.org
GLSEN strives to ensure that each member of every school community is valued and respected regardless of sexual orientation or gender identity/expression. Includes research, developmentally appropriate resources for educators and professional development resources.

It Gets Better
http://www.itgetsbetter.org
Videos and resources to inspire and encourage lesbian, gay, bisexual and transgender (LGBT) youth who are struggling.

Teaching Tolerance
http://www.tolerance.org
A wide variety of resources for parents, students and teachers on dealing with bullying, racism, sexism and other forms of intolerance in school and the community. A monthly online magazine is also available. Maintained by the Southern Poverty Law Center.

Protective Factors

CASEL
http://www.casel.org
Dedicated to helping make social and emotional learning an integral part of education from preschool through high school. Includes research, policy information and videos.

Suicide and Mental Health

American Foundation for Suicide Prevention
http://www.afsp.org
Leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide.

National Suicide Prevention Lifeline
If you or someone you know is in crisis and is considering suicide, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

The Trevor Project
http://www.thetrevorproject.org
Leading national organization focused on crisis intervention and suicide prevention efforts among lesbian, gay, bisexual, transgender and questioning youth. Every day, The Trevor Project saves young lives through its free and confidential lifeline, in-school workshops, educational materials, online resources and advocacy. Trevor Lifeline is a 24-hour hotline for youth in crisis: 1-866-488-7386.

Physical Activity and Nutrition

Maryland School and Community Nutrition Resources
http://www.marylandpublicschools.org/MSDE/programs/schoolnutrition/docs/Additional+Links.html
Maintained by the Maryland State Department of Education, School and Community Nutrition Programs Branch. Provides resources for parents and kids and related links.

Teens Health: Food and Fitness
http://kidshealth.org/teen/food_fitness/
Includes information for teens on healthy eating, dieting, exercise, strength training, eating disorders, steroids and more. Includes information in Spanish.

Sexual Behavior

Maryland Center for Sexually Transmitted Infection Prevention
http://phpa.dhmh.maryland.gov/OIDPCS/CSTIP/SitePages/Home.aspx
Maintained by the Maryland Department of Health and Mental Hygiene. Includes statistics, resources for teens and resources for lesbian, gay, bisexual, transgender and questioning individuals.

Teens Health: Sexual Health
http://kidshealth.org/teen/sexual_health/
Includes facts and articles about sexual health with topics such as puberty, sexually transmitted infections and birth control. Includes information in Spanish.

Injury

Distracted Driving
http://www.distraction.gov
Maintained by the U.S. Department of Transportation. Includes facts, videos, state laws and pledges related to distracted driving.

Heads Up: Concussion in Youth Sports
http://www.cdc.gov/concussion/headsup/youth.html
An initiative by the Centers for Disease Prevention and Control to help ensure the safety of young athletes. Includes information on preventing, recognizing and responding to a concussion.

Teen Drinking and Driving
http://www.cdc.gov/Vitalsigns/TeenDrinkingAndDriving
Includes facts and statistics on teen drinking and driving with links to relevant public service announcements, podcasts and tips for parents.

Violence

Love is Respect
http://www.loveisrespect.org
Includes information on healthy relationships and resources for teens experiencing dating violence. Includes tips for helping others who may be experiencing dating violence.

Maryland Coalition Against Sexual Assault
http://www.mcasa.org/for-survivors/maryland-rape-crisis-and-recovery-centers-5
MCASA's mission is to help prevent sexual assault, advocate for accessible, compassionate care for survivors of sexual violence, and work to hold offenders accountable. Includes info on rape crisis and recovery centers across Maryland, prevention information and resources for survivors.

Men Can Stop Rape
http://www.mencanstoprape.org
Mobilizes men to use their strength for creating cultures free from violence, especially men's violence against women. Instead of helping women reduce their risk of being victims of men's violence, this campaign focuses on helping men use their strength in positive ways in all of their relationships.

National Sexual Violence Resource Center
http://www.nsvrc.org
Provides leadership in preventing and responding to sexual violence through collaboration, sharing and creating resources, and promoting research.

Rape, Abuse and Incest National Network
http://www.rainn.org
Maintains the National Sexual Assault Hotline at 1-800-656-HOPE.

That's Not Cool
http://www.thatsnotcool.com/
Included games, videos and resources to help teens draw a digital line to ensure that technology plays a healthy role in their relationships and is not used for controlling, pressuring and threatening behaviors associated with teen dating abuse.

The Rape and Sexual Assault Prevention Program (RSAPP)
http://phpa.dhmh.maryland.gov/ohpetup/SitePages/rsapp_saru.aspx
Developed by the Maryland Department of Health and Mental Hygiene to provide education, training and technical support to reduce the incidence of rape and sexual violence in the state.

Tobacco Use

Teens Health: Tobacco
http://kidshealth.org/teen/drug_alcohol/
Information for teens on topics such as smoking, e-cigarettes, secondhand smoke, smokeless tobacco and how to quit smoking.

The Cigar Trap
http://www.TheCigarTrap.com
The Maryland Department of Health and Mental Hygiene developed The Cigar Trap campaign to increase awareness of parents of the dangers of youth cigar use – in particular non-premium little cigars and cigarillos. These products are available in fruit and candy flavors, and are often sold individually in brightly colored wrapping. The website includes fact sheets, statistics and related resources, as well as links to a TV communications campaign.

The Maryland Tobacco Quitline, 1-800-QUIT-NOW (1-800-784-8669)
http://smokingstopshere.com
The Quitline is a completely free service provided by the Maryland Department of Health and Mental Hygiene. The Quitline provides evidence-based phone counseling to assist Marylanders aged 13 years and older in quitting tobacco use. Phone counseling services are available 24 hours a day, seven days a week in English, Spanish and other languages. All calls are private and include mailed materials and referrals to local programs.

SmokeFree Teen
http://teen.smokefree.gov/
The site is designed and run by the National Cancer Institute. Information, tools and resources are provided to teens to help them understand and take ownership of their health and lives, and help them through the decision-making process. There are also programs to help teens to quit using tobacco, including phone, apps, web and text.

Alcohol Use

Teens Health: Drugs & Alcohol
http://kidshealth.org/teen/drug_alcohol/
Information for teens on topics such as alcohol use, binge drinking, coping with an alcoholic parent, and identifying a drinking problem.

Other Drug Use

A Day in the Life of American Adolescents: Substance Use Facts Update
http://www.samhsa.gov/data/2K13/CBHSQ128/sr128-typical-day-adolescents-2013.pdf
Report by the U.S. Department of Health and Human Services includes data and information on teen substance use.

National Institute on Drug Abuse
http://teens.drugabuse.gov/
Includes information for teens, educators and parents on teen drug abuse.

Teens Health: Drugs & Alcohol
http://kidshealth.org/teen/drug_alcohol/
Information for teens on topics such as prescription drugs, steroids, inhalants, marijuana and caffeine. Also includes information about dealing with addiction.

The publication is available from:
Maryland Department of Health and Mental Hygiene
Prevention and Health Promotion Administration
201 W. Preston Street
Baltimore, MD 21201
410-767-6500 or 1-877-463-3464
www.dhmh.state.md.us

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