

2016 MARYLAND YOUTH RISK BEHAVIOR SURVEY



MARYLAND
Department of Health



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FOREWORD

The Maryland Department of Health (MDH) is pleased to publish the results of the combined 2016 Maryland Youth Risk Behavior Survey (YRBS) and Youth Tobacco Survey (YTS). Maryland's participation in the YRBS began in 2005, when the Maryland General Assembly (Md. EDUCATION Code Ann. § 7-420) mandated the survey be conducted every two years. Since then, the Maryland YRBS was administered in 2007, 2009, 2011, 2013, 2014, and 2016. In 2013 and 2014, Maryland chose to combine implementation of the YRBS with the YTS. The combined survey was again administered in 2016 to both middle school and high school students with an increased sample size.

The YTS was a comprehensive jurisdiction-level survey that provided comprehensive data on tobacco use behaviors in the fall of even-numbered year since 2000. After the 2011 and 2010 survey administrations, both surveys were combined to (1) reduce the survey burden on Maryland schools and students, (2) produce jurisdiction-specific estimates for YRBS variables which previously were collected only at the state-level, (3) continue to collect data necessary for support of youth-focused tobacco control efforts, and (4) reduce costs associated with youth risk behavior surveillance. This combined survey is now referred to as the Maryland Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS).

The Maryland YRBS is part of the U.S. Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), which was 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 which support health. The 2016 Maryland YRBS/YTS Report

addresses the following 11 risk and protective behavior categories:

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

In 2016, there was a significant drop in the statewide middle and high school survey response rates. This was the first time in Maryland YRBS/YTS survey administration history that this occurred. Although response rates generally remained above the 60 percent reporting standard set by the CDC, the response rate for Baltimore City high school data was 56 percent, which falls below the CDC's standard. This decline in response rates could be caused by a variety of factors, including increased numbers of students opting out of the survey, high absenteeism, and/or dropouts. MDH considers these data as valid for both statewide and Baltimore City-specific use. While the 2016 Baltimore City data does not meet the CDC standard response rate of 60 percent, MDH independently weighted and analyzed the Baltimore City high school data and is including it in this report; the sampling strategy is in line with those used in all Maryland jurisdictions. This response rate from Baltimore City does not impact the validity of the overall statewide data or that of the middle school data, as those response rates were over 60 percent.

The 2014 YRBS/YTS middle school survey contained sexual behavior questions for the first time, and were again included in the 2016 survey. Trend data are now available in this report for these questions. The middle school questions did not include the full breadth of sexual behavior questions, which were included in the high school survey, and did not include sexual identity questions.

The 2016 Maryland YRBS/YTS was administered in the fall of 2016 to students in a representative sample of Maryland public, vocational, and charter middle and high school classrooms. A total of 26,520 students in 174 public middle schools and 52,408 students in 184 public high schools completed the survey. The results are representative of all students in sixth grade through eighth grade and ninth grade through 12th grade.

The cumulative responses from the past seven surveys, covering more than a decade, provide trend data on health risk behaviors among Maryland's youth. The YRBS/YTS findings will assist state and local agencies, educators, businesses, students, parents, and other key stakeholders develop and refine initiatives to improve the health and well-being of Maryland youth.

Full 2016 YRBS/YTS data tables, including middle and high school data as well as state and county level data, are available at phpa.health.maryland.gov/ccdpc/Reports/Pages/YRBS2016.aspx.





How to understand this report

This report presents Maryland YRBS/YTS 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. Middle school and high school data should not be compared due to slight variations in the wording of several questions on the middle and high school questionnaires.

In addition to 2016 data, this report compares the results for all years the survey was conducted (2005, 2007, 2009, 2011, 2013, 2014, and 2016 for high school; 2013, 2014, and 2016 for middle school). The report also notes where behaviors have changed significantly over time. As appropriate, current actions taken by state agencies to address each risk behavior are included in "Actions Taken to Address This Behavior" sections. 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 trend estimates in this report were calculated at a 95% confidence interval, meaning if the 2016 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, 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/YTS

For more information about the Maryland YRBS/YTS, please contact:

Donna Gugel, MHS,
Deputy Director, Prevention and Health Promotion
Administration,
410-767-5300 or donna.gugel@maryland.gov

Kristi Pier, MHS, MCHES,
Director, Center for Chronic Disease Prevention and Control,
410-767-5780 or kristi.pier@maryland.gov

Dawn Berkowitz, MPH, CHES,
Director, Center for Tobacco Prevention and Control,
410-767-2920 or dawn.berkowitz@maryland.gov

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

Highlights



New Data in the 2016 YRBS/YTS

For the first time in the history of the Maryland YRBS/YTS, a transgender identity question was included in the 2016 high school survey; 3.3 percent of Maryland high school students reported they were transgender.

In 2014 the Maryland YRBS/YTS middle school questionnaire included questions on sexual behavior for the first time; these questions were repeated in the 2016 survey and trend data are included in this report. Data were collected on the following sexual behavior measures: ever had sexual intercourse; had sexual intercourse before age 11 years (for the first time); had sexual intercourse with three or more persons (during their life); and used a condom (during last sexual intercourse among students who have had sexual intercourse).

Trends

High School: Consistent with the previous reports, the following selected behaviors from the high school survey showed statistically significant trends (2005 to 2016):

▼ Favorable trends:

- Were bullied on school property in the past 12 months—decreased
- Ate vegetables one or more times per day in the past 7 days – increased
- Have ever had a drink of alcohol—decreased
- Had a drink of alcohol before age 13—decreased
- Drank alcohol in the past 30 days—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 in the past 30 days—decreased
- Carried a weapon on school property in the past 30 days—decreased

- Used any type of tobacco, excluding vapor products, in the past 30 days — decreased
- Smoked cigarettes in the past 30 days—decreased
- Smoked a whole cigarette before age 13—decreased
- Ever had sexual intercourse — decreased
- Texted or emailed while driving a car or other vehicle in the past 30 days—decreased
- Strongly agree or agree that their teachers really care about them and give them a lot of encouragement — increased

▼ Unfavorable trends:

- Used smokeless tobacco in the past 30 days—increased
- Have ever used a needle to inject any illegal drug into their body—increased
- 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
- Played video/computer games or used a computer for something that was not schoolwork three or more hours per day on an average school day— increased
- In the past seven days were physically active at least 60 minutes per day on five or more days — decreased

Middle School: Due to limited historical middle school survey data, multi-year trends are not available in this report.

Middle School Health Disparities

The 2016 YRBS/YTS data show notable risk behavior disparities by gender and ethnicity at the middle school level. Females were significantly more likely than males to have felt sad or hopeless during the past year (31.9 percent compared to 19.2 percent). Females were also more likely to have seriously thought about killing themselves during the past year (27 percent compared to 15.6 percent). In comparison to males, females were more likely to have ever ridden in a car driven by someone who was texting while driving (65.4 percent versus 54.3 percent). Males, on the other hand, were three times more likely to report ever having sexual intercourse (9.6 percent compared to 3.8 percent), to report having sexual intercourse for the first time before age 11 years (3.9 percent compared to 1.7 percent), and to have had sexual intercourse with three or more persons during their lifetime (3.4 percent compared to 0.8 percent). Males were more likely to report being offered, sold, or given illegal drugs on school property (5.0 percent versus 3.7 percent) and to have ever been in a physical fight (64.3 percent versus 39.6 percent).

Hispanic middle school youth were more likely than non-Hispanic black and non-Hispanic white youth to report feeling sad or hopeless during the past year (35.1 percent, 26.2 percent, and 21.2 percent, respectively), and more likely than non-Hispanic white youth to report having seriously thought about killing themselves during the past year (24.5 percent compared to 17 percent).

At the middle school level, Hispanic youth and non-Hispanic black youth were more likely than non-Hispanic white youth to report ever having sexual intercourse (8.6 percent, 10.4 percent and 3.7 percent, respectively), having sexual intercourse for the first time before age 11 years (4.1 percent, 4.5 percent, and 1.3 percent), and to have had sexual intercourse with three or more persons during their lifetime (3.0 percent, 3.3 percent, and 1.0 percent). Hispanic youth and non-Hispanic black youth were also more likely than non-Hispanic white youth to report using any type of tobacco including cigarettes, cigars, and smokeless tobacco (6.3 percent, 4.6 percent, and 2.9 percent, respectively),



using marijuana in the past 30 days (8.5 percent, 7.0 percent, and 3.3 percent), rarely or never wearing a seatbelt (8.1 percent, 6.7 percent, and 2.3 percent), and watching 3 or more hours of television per weekday (27.9 percent, 40.6 percent, and 21.0 percent). Hispanic youth and non-Hispanic black youth were less likely than non-Hispanic white youth to report being physically active for 60 minutes per day on five or more days (41.6 percent, 41.8 percent, and 59.9 percent, respectively), and to report eating breakfast on all seven days of the previous week (39.5 percent, 40.6 percent, and 52.1 percent). Hispanic youth were more likely than non-Hispanic black youth and non-Hispanic white youth to report using an electronic vapor product (also known as electronic smoking device/ESD) in the past 30 days (8.6 percent, 4.6 percent, and 3.4 percent, respectively).

For more information on disparities, see Appendix A.

High School Health Disparities

For the first time in the history of the Maryland YRBS/YTS, a sexual identity question was added to the 2013 high school survey. It was included again in the 2014 and 2016 high school surveys but was not included in the 2014 or 2016 middle school surveys. In 2016, 12.8 percent of Maryland high school students identified as gay, lesbian, or bisexual. When compared to heterosexual youth, risk factors

were significantly higher among gay, lesbian, and bisexual youth for the majority of variables at the high school level. Gay, lesbian, and bisexual high school youth were more than twice as likely to report feeling sad and hopeless during the past year (57.3 percent compared to 24.9 percent) and were about three times more likely to report having seriously considered attempting suicide during the past year (42.9 percent compared to 12.8 percent). Gay, lesbian, and bisexual high school youth were also more likely than heterosexual youth to report being currently sexually active (29.3 percent compared to 21.2 percent), ever having been physically forced to have sexual intercourse (18.4 percent compared to 6.8 percent), and having been physically hurt by a boyfriend/girlfriend during the past year (19.8 percent compared to 6.9 percent).

The 2016 YRBS/YTS data also show similar risk behavior disparities by gender. High school females were significantly more likely than males to have felt sad or hopeless during the past year (38.7 percent compared to 21.0 percent). Females were also more likely to have seriously considered attempting suicide during the past year (21.8 percent compared to 12.4 percent). Compared to males, females were more likely to report ever having been physically forced to have sexual intercourse (10.5 percent versus 6.9 percent), drinking alcohol in the past 30 days (28.6 percent versus 22.2 percent), and having been electronically bullied during the past year (17.0 percent versus 11.1 percent). Males were significantly more likely than females to report being in a physical fight on school property in the past year (14.7 percent versus 8.7 percent), using tobacco in the past 30 days (16.9 percent compared to 10.8 percent), and using an electronic vapor product, or electronic smoking device (ESD) in the past 30 days (14.0 percent compared to 12.1 percent).

Disparities were also seen by race and ethnicity at the high school level. Hispanic youth were more likely than non-Hispanic black youth and non-Hispanic white youth to report feeling sad or hopeless during the past year (37.2 percent, 28.3 percent, and 28.7 percent, respectively), having seriously considered attempting suicide during the past year (19.6 percent, 16.1 percent, and 16.6 percent), and ever having been physically forced to have sexual intercourse (12.2 percent, 9.0 percent,

and 6.9 percent). Hispanic youth were less likely than non-Hispanic white youth and non-Hispanic black youth to be physically active for 60 minutes per day, five or more times per week (26.8 percent, 42.1 percent and 30.5 percent).

Hispanic youth and non-Hispanic black youth were more likely than non-Hispanic white youth to report having been physically hurt by a boyfriend or girlfriend during the past year (11.3 percent, 10.1 percent, and 7.6 percent, respectively). Hispanic youth were less likely than non-Hispanic white youth and non-Hispanic black youth to eat fruits and vegetables three or more times per day (6.3 percent, 5.2 percent, and 5.0 percent, respectively) and were more likely to be overweight/obese (18.1 percent/14.7 percent, 12.9 percent/9.9 percent, and, 17.5 percent/16.3 percent).

Non-Hispanic white youth had the highest rates of current alcohol use, with 33.2 percent reporting having one or more drinks in the past month, compared to 23.5 percent for Hispanic youth and 17.8 percent for non-Hispanic black youth. Non-Hispanic white youth were also significantly more likely to texting or emailing while driving than Hispanic youth or non-Hispanic black youth in the past 30 days (31.9 percent, 28.6 percent, and 20.3 percent, respectively).

For more information on disparities, see Appendix A.



Bullying and Harassment

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 electronic media, known as electronic aggression or cyberbullying. Electronic aggression is bullying which occurs through social media, email, chat rooms, instant messaging, websites, and text messaging. This aggression also includes bullying through videos or pictures 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.*

*Shetgiri, R. (2014). Bullying and Victimization Among Children. *Advanced Pediatrics*, 60(1), 33-51.

2016 HIGH SCHOOL BULLYING HIGHLIGHTS

Bullying on school property in the past year continued to decrease significantly between 2009 and 2016. The percentage of students who report being bullied electronically (including through texting, Instagram, Facebook, or other social media) in the past year remained unchanged since 2011, when the question was added to the survey.

2016 MIDDLE SCHOOL SURVEY HIGHLIGHTS

Bullying on school property and electronic bullying (including through texting, Instagram, Facebook, or other social media) significantly decreased from 2013 to 2016. The percentage of students who carried a weapon or were in a physical fight in the past year did not change from 2013 to 2016.

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 Maryland State Department of Education (MSDE) has a model policy for bullying prevention that was updated in July 2016 to include a definition of cyberbullying and addressed the use of electronic communication in bullying incidents. Each local school system was required to update their local bullying policies to reflect the inclusion of cyberbullying and electronic communication, and to submit the updated policy to the MSDE.

The school systems were also 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).

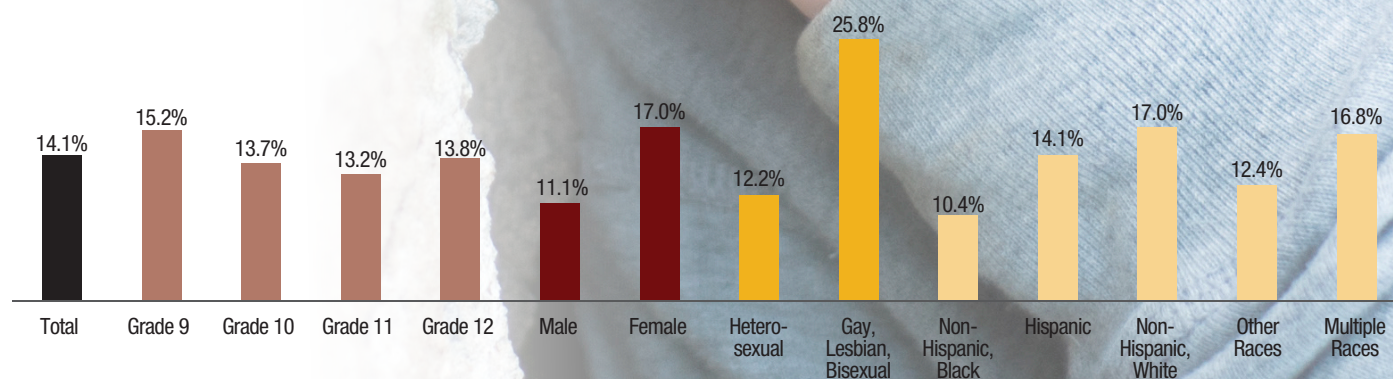
During the 2018 Maryland legislative session, Senate Bill 725 was passed. The Bullying, Cyberbullying, Harassment, and Intimidation-Civil Relief and School Response bill requires the victims of cyberbullying or the parents or guardians of a victim of cyberbullying to request injunctive relief against individuals. This authorizes a school principal to report students who have engaged in conduct that constitutes a certain criminal offense under (1) assault in the first degree, (2) assault in the second degree, (3) misuse of electronic communication or interactive computer service, and (4) revenge porn. In addition, a school principal or a school employee who, in good faith, makes a report or participates in an investigation will be immune from civil liability or criminal penalty.

2016 HIGH SCHOOL DATA

| Percentage of Maryland youth who: | 2005 | 2007 | 2009 | 2011 | 2013 | 2014 | 2016 | 2005 to 2016 Trend |
|-----------------------------------|-------|-------|-------|-------|-------|-------|-------|--------------------|
| Were bullied on school property | 28.4% | 25.7% | 20.9% | 21.2% | 19.6% | 17.7% | 18.2% | ▼ |
| Were bullied electronically* | - | - | - | 14.2% | 14.0% | 13.8% | 14.1% | ■ |

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

Bullying | Electronically bullied during last year

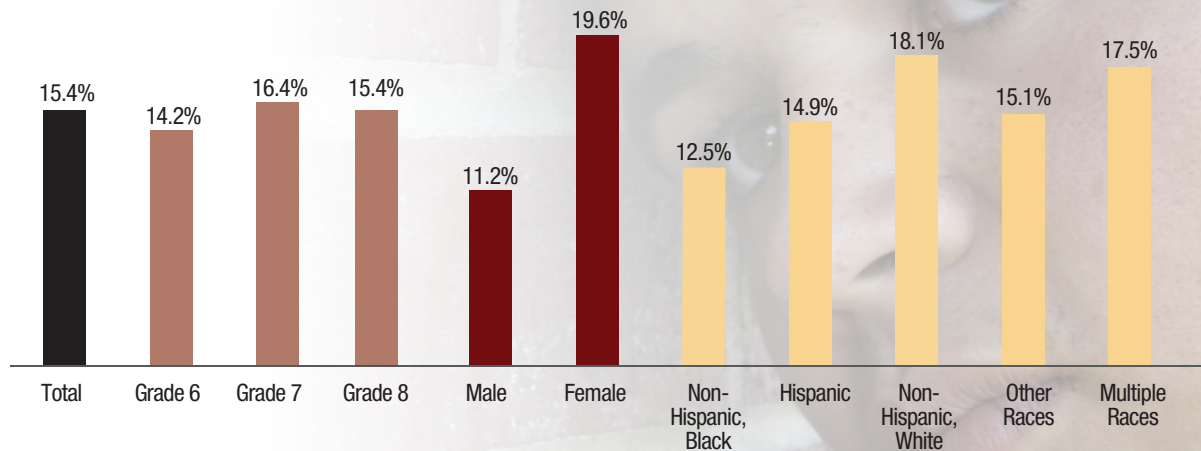


2016 MIDDLE SCHOOL DATA

| Percentage of Maryland youth who: | 2013 | 2014 | 2016 | 2013 to 2016 Trend |
|--|-------|-------|-------|--------------------|
| Were bullied on school property during the past year* | 39.1% | 35.7% | 28.2% | ▼ |
| Were bullied electronically (through text, Instagram, Facebook, or other social media) during the past year* | 12.9% | 13.3% | 15.4% | ▲ |

*Any statistically significant changes must be interpreted with caution because of the change in question wording that occurred in the 2016 survey.

Bullying | Electronically bullied during last year



Protective Factors



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
- Learning about specific risks
- Participating in extracurricular activities such as community service, sports, clubs and after-school programs

2016 HIGH SCHOOL 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 2016. The percentage of youth who agree their teachers really care about them and give them encouragement significantly increased between 2005 and 2016. The percentage of youth who participate in extracurricular activities significantly increased between 2005 and 2016.

2016 MIDDLE SCHOOL SURVEY HIGHLIGHTS

A similarly high percentage of middle school students reported having an adult outside of school they can talk to about things that are important to them. A high percentage also reported feeling comfortable seeking help from one or more adults besides their parents. Approximately one in three middle school students reported having talked to a teacher or other adult in their school about a personal problem in the past year, a trend that has only increased since the question was added in 2013.

Actions taken to address this behavior

School connectedness is an important protective factor and is defined as the belief held by students that adults and peers in the school setting care about their learning and care about them as individuals. School connectedness results in decreased school dropout rates, substance abuse, school absenteeism, gang involvement, school violence, unintentional injury, bullying, and other youth risk behaviors. For 20 years, the Positive Behavioral Interventions and Supports (PBIS) program (<http://marylandpublicschools.org/about/pages/dsfss/pbis/index.aspx>) has been implemented in Maryland schools to improve school climate. PBIS is implemented through a partnership among the MSDE, 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, truancy, and improving school climate and culture.

From 2010 through 2014 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 grant was designed to identify needs and select interventions to address school safety, student engagement, and the school environment. In this randomized controlled study, school-level data were 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 were selected based on each school's survey, guidance is provided by trained staff to ensure fidelity.

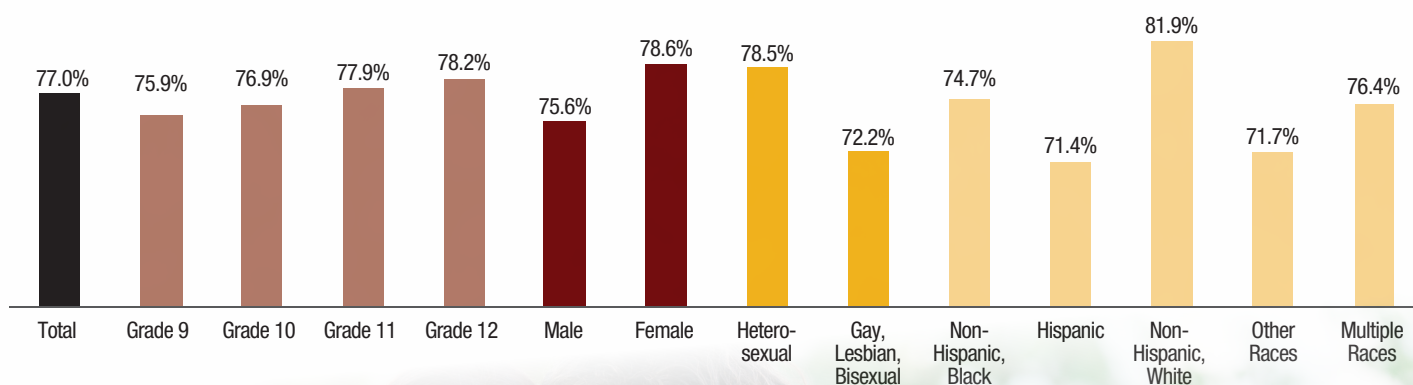
Maryland was selected by the Substance Abuse and Mental Health Services Administration as one of 20 states to implement a Project AWARE (Advancing Wellness and Resiliency in Education) grant. The goals of the grant are to increase the number of school-aged youth that received school-based mental health services and to increase the number of school staff, community, and family members trained in Youth Mental Health First Aid, to identify school-aged youth that need additional emotional and behavioral supports.

2016 HIGH SCHOOL DATA

| Percentage of Maryland youth who: | 2005 | 2007 | 2009 | 2011 | 2013 | 2014 | 2016 | 2005 to 2016 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% | 84.4% | 83.7% | ▼ |
| Feel comfortable seeking help from other adults besides their parents | 84.7% | 84.9% | 83.1% | 79.7% | 77.3% | 78.2% | 77.0% | ▼ |
| Feel that teachers really care | 49.4% | 49.7% | 54.1% | 54.6% | 55.0% | 52.8% | 55.1% | ▼ |
| Participate in extracurricular activities | 61.1% | 61.6% | 64.7% | 61.5% | 67.4% | 67.2% | 66.8% | ▼ |
| Have parents or guardians who own the home or place where they live* | - | - | - | - | - | 66.4% | 65.4% | ■ |

*A comparison with 2005-2013 is not possible because this question was added in 2014.

Protective Factors | Comfortable seeking help from adult besides parents

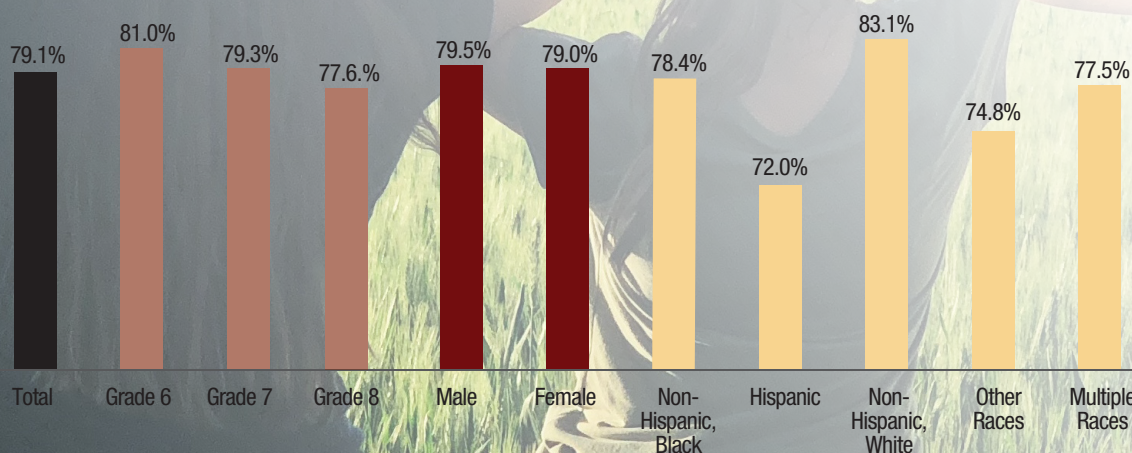


2016 MIDDLE SCHOOL DATA

| Percentage of Maryland youth who: | 2013 | 2014 | 2016 | 2013 to 2016 Trend |
|---|-------|-------|-------|--------------------|
| Have an adult outside of school to whom they can talk about things that are important to them | 84.4% | 86.5% | 85.5% | ■ |
| Feel comfortable seeking help from other adults besides their parents | 80.1% | 81.2% | 79.1% | ■ |
| Feel that teachers really care | 59.9% | 61.7% | 58.1% | ▼ |
| Talked to a teacher or other adult about a personal problem | 31.5% | 31.9% | 33.8% | ▼ |
| Participate in extracurricular activities | 62.2% | 64.3% | 60.5% | ■ |
| Have parents or guardians who own the home or place where they live* | - | 66.9% | 66.0% | ■ |

*A comparison with 2013 is not possible because this question was added in 2014.

Protective Factors | Comfortable seeking help from adult besides parents



Suicide

Suicide is a serious public health problem which 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 strategies address 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.

2016 HIGH SCHOOL SURVEY HIGHLIGHTS

The percentage of Maryland youth who reported feeling sad and hopeless in the past year increased significantly between 2014 and 2016, however showed no significant change between 2005 and 2016. There was no significant change in the percentage of Maryland youth who seriously considered attempting suicide, while the percentage of Maryland youth who made a suicide plan during this period increased significantly.

2016 MIDDLE SCHOOL SURVEY HIGHLIGHTS

Approximately one in five middle school students reported thinking about killing themselves in the past year. This number increased slightly with age, and female youth were more likely than male youth to have reported thoughts of suicide in the past year. Compared to the rest of their subgroup, students of mixed race were more likely to have thought about killing themselves in the past year.

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 MSDE 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 MSDE 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.

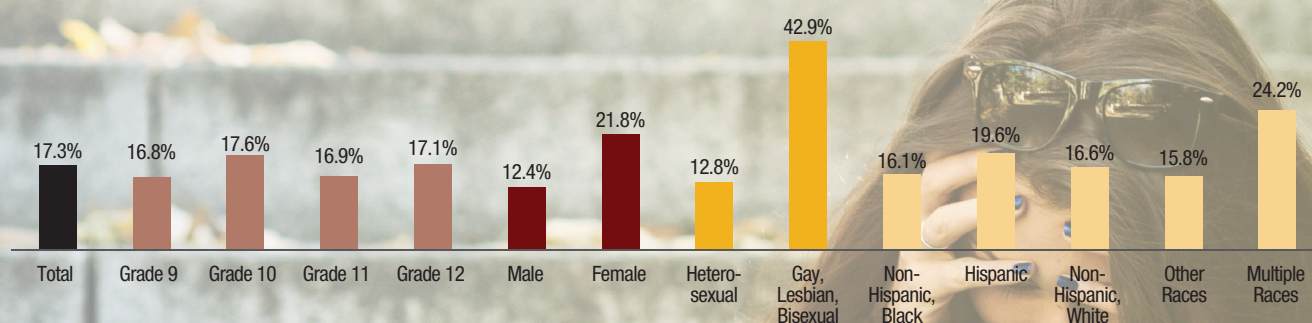
In July 2018, the MSDE adopted COMAR 13A.07.11 Student Suicide Prevention and Safety Training. This regulation requires all staff to receive certification from their school and participate in an annual training to (1) understand and respond to suicide risk, and (2) identify professional resources to help students in crisis.

2016 HIGH SCHOOL DATA

| Percentage of Maryland youth who: | 2005 | 2007 | 2009 | 2011 | 2013 | 2014 | 2016 | 2005 to 2016 Trend |
|--|-------|-------|-------|-------|-------|-------|-------|--------------------|
| Felt sad and hopeless | 29.7% | 23.2% | 25.1% | 25.4% | 27.0% | 26.8% | 29.9% | ▢ |
| Male | 21.5% | 15.5% | 20.2% | 19.2% | 19.7% | 18.7% | 21.0% | ▢ |
| Female | 38.1% | 30.7% | 30.1% | 31.4% | 34.2% | 35.0% | 38.7% | ▢ |
| Seriously considered attempting suicide* | 17.4% | 13.2% | 14.5% | 16.2% | 16.0% | 15.9% | 17.3% | ▢ |
| Made a suicide plan | 12.2% | 10.2% | 11.6% | 12.6% | 12.5% | 12.7% | 14.4% | ▲ |

* A comparison between 2014 and 2016 is not possible because of the change in question wording that occurred in the 2016 survey.

Suicide | Seriously considered attempting suicide during past year



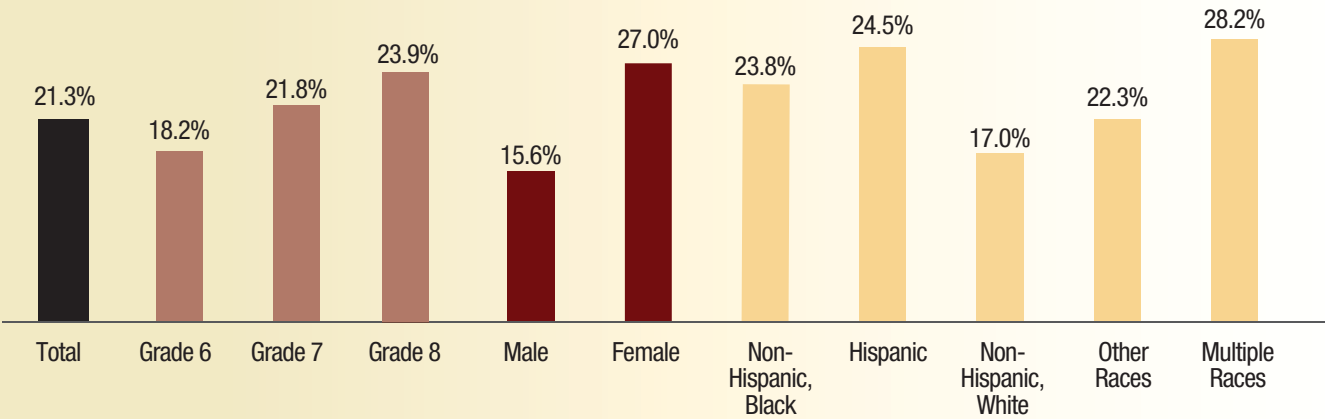


2016 MIDDLE SCHOOL DATA

| Percentage of Maryland youth who: | 2013 | 2014 | 2016 | 2013 to 2016 Trend |
|--|-------|-------|-------|--------------------|
| Felt sad and hopeless during past year | 24.9% | 21.3% | 25.5% | ■ |
| Male | 18.6% | 15.9% | 19.2% | ■ |
| Female | 31.4% | 26.7% | 31.9% | ■ |
| Seriously thought about killing themselves * | 19.1% | 17.6% | 21.3% | ▲ |

*Any statistically significant changes must be interpreted with caution because of a change in question wording in 2016.

Suicide | Seriously thought about killing themselves



Overweight and Obesity



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.

2016 HIGH SCHOOL SURVEY HIGHLIGHTS

There was no significant change in percentage of youth who described themselves as slightly or very overweight from 2005 to 2016. The percentage of obese high school youth, as measured using BMI, did not change between 2005 and 2016, but significantly increased from 2014 to 2016.

2016 MIDDLE SCHOOL SURVEY HIGHLIGHTS

The percentage of middle school students who described themselves as slightly or very overweight remained the same from 2013 to 2016, with one in four students describing themselves this way. The middle school survey does not collect student's height and weight to obtain a measured BMI.

Actions taken to address this behavior

Nutrition education is addressed in Standard 6 of the Maryland State Curriculum for Health Education (<http://mdk12.msde.maryland.gov/instruction/hsvsc/health/standard6.html>): "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 eighth grade and offer a comprehensive health education program in ninth grade through 12th grade that enables students to meet graduation requirements and to select health education electives

The MSDE supports nutrition and physical activity wellness policies designed and implemented by each local school system. 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:

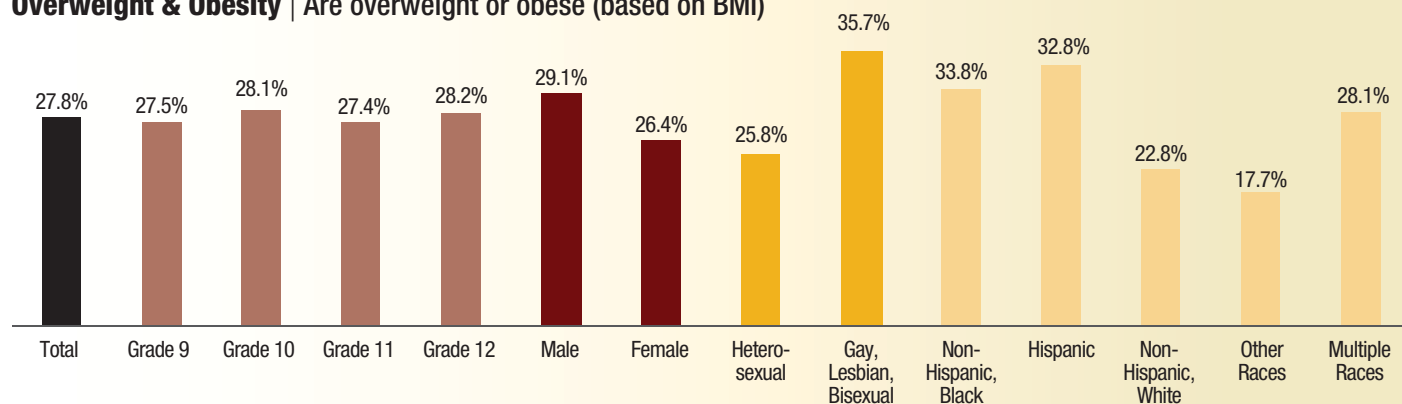
1. Nutrition guidelines
2. Physical education/physical activity
3. Nutrition and health education
4. Other school-based activities that promote wellness.

The Maryland Department of Health, Maryland State Department of Education, 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 facilitates 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. A Guide for School-Level Implementation of Wellness Policies & Practices was created based on the analysis. The guide can be found at http://www.marylandpublicschools.org/msde/programs/school_wellness/docs/MakingWellnessWorkGuide.pdf.

2016 HIGH SCHOOL DATA

| Percentage of Maryland youth who: | 2005 | 2007 | 2009 | 2011 | 2013 | 2014 | 2016 | 2005 to 2016 Trend |
|--|-------|-------|-------|-------|-------|-------|-------|-----------------------|
| Are overweight or obese (based on self-reported height and weight) | 28.7% | 28.3% | 27.8% | 27.4% | 25.8% | 26.4% | 27.8% | ▢ |
| Describe themselves as overweight | 27.4% | 27.5% | 27.5% | 26.3% | 26.7% | 26.2% | 27.1% | ▢ |

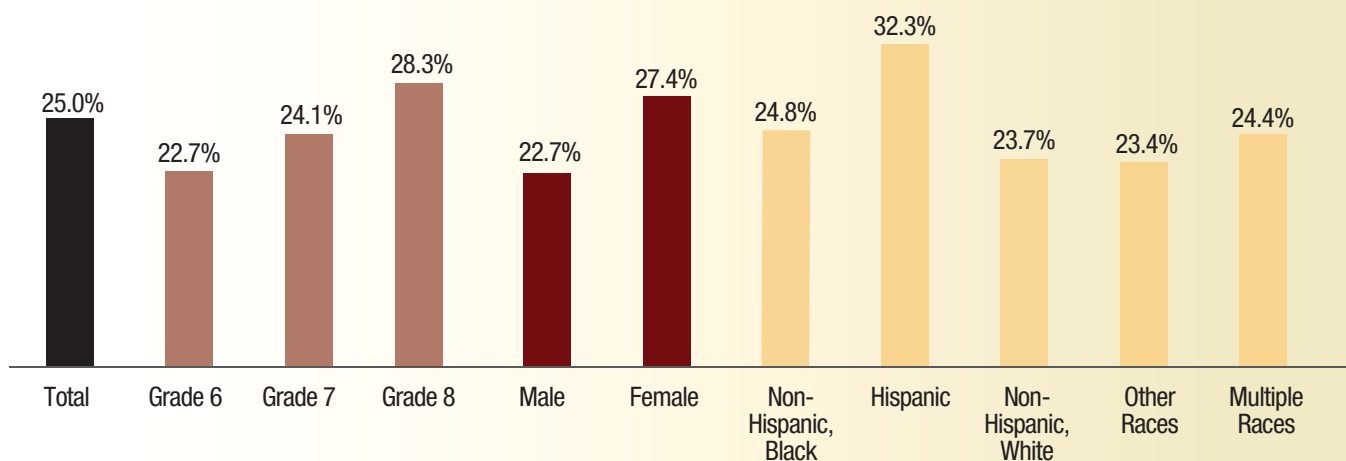
Overweight & Obesity | Are overweight or obese (based on BMI)



2016 MIDDLE SCHOOL DATA

| Percentage of Maryland youth who: | 2013 | 2014 | 2016 | 2013 to 2016 Trend |
|--|-------|-------|-------|--------------------|
| Describe themselves as slightly or very overweight | 23.4% | 23.4% | 23.7% | ■ |
| Are trying to lose weight | 40.8% | 38.3% | 37.8% | ▼ |
| Male | 35.3% | 34.6% | 35.8% | ■ |
| Female | 52.6% | 47.9% | 48.1% | ▼ |

Overweight & Obesity | Described themselves as slightly or very overweight



Physical Activity

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 public school system shall provide 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 eighth grade, and offer a physical education program in ninth grade through 12th grade that enables students to meet graduation requirements and to select physical education electives. School systems may develop and implement Wellness Policy Implementation and Monitoring Plans under the Gwendolyn Britt Student Health and Fitness Act (2008).

The physical activity needs of youth can be addressed in Maryland 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.

Each jurisdiction school system identifies recess policies in their wellness policy. The CDC recommends that students have at least 30 minutes of recess daily and 60 minutes of physical activity throughout the school day.

The Physical Activity Guidelines for Americans, issued in 2008 by the U.S. Department of Health and Human Services, recommends children and adolescents aged six to 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 0.5 credits (or one semester) of physical education over four years.

2016 HIGH SCHOOL SURVEY HIGHLIGHTS

The percentage of Maryland youth who engage in 60 minutes of physical activity per day on five or more days a week during the past week decreased between 2011 and 2016. Regarding physical activity at school, the percentage of Maryland youth who attended physical education (PE) classes on all five school days did not change from 2007 to 2016. The percentage of Maryland youth who watch three or more hours of TV per day on an average school day continued 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 on an average school day significantly rose between 2009 and 2016.

2016 MIDDLE SCHOOL SURVEY HIGHLIGHTS

The percentage of middle school youth who were physically active at least 60 minutes per day during the past week did not change between 2013 and 2016 and significantly decreased from 2014 to 2016. The percentage of youth who watched TV for three or more hours per day significantly decreased from 2013 to 2016 while the percentage who played video or computer games, or used a computer for something other than schoolwork on an average school day significantly increased from 2013 to 2016.

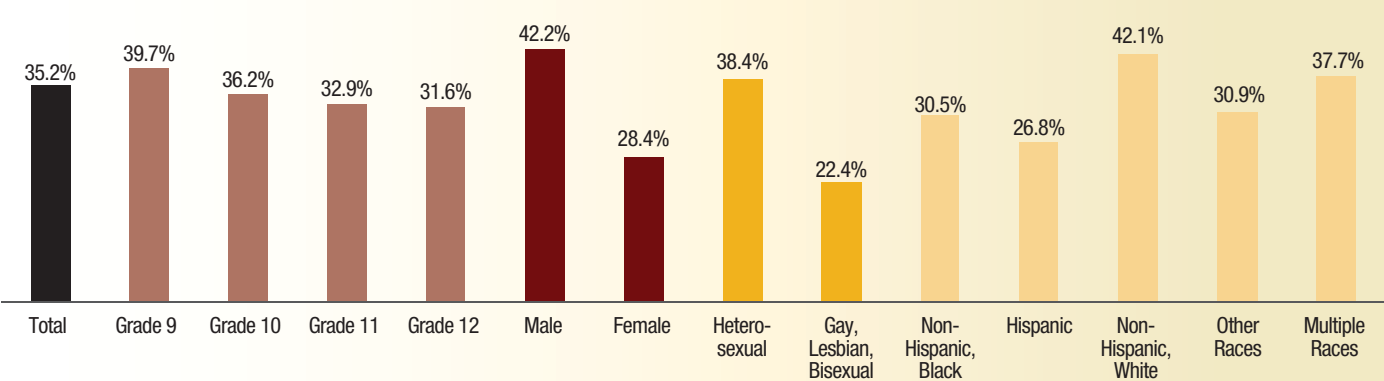


2016 HIGH SCHOOL DATA

| Percentage of Maryland youth who: | 2005 | 2007 | 2009 | 2011 | 2013 | 2014 | 2016 | 2005 to 2016 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% | 36.9% | 35.2% | ▼ |
| Participated in a physical education class on one or more days per week | 37.6% | 37.0% | 39.3% | 37.8% | 39.1% | 37.6% | 36.4% | ■ |
| Males | 44.9% | 44.4% | 48.1% | 44.4% | 46.7% | 44.3% | 43.3% | ■ |
| Females | 30.2% | 29.8% | 30.6% | 31.1% | 31.3% | 30.6% | 29.1% | ■ |
| 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% | 15.6% | 15.3% | ■ |
| Watched three or more hours of TV per day | 40.7% | 41.9% | 39.1% | 34.2% | 31.4% | 26.7% | 22.1% | ▼ |
| 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% | 38.3% | 38.0% | ▲ |

*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.

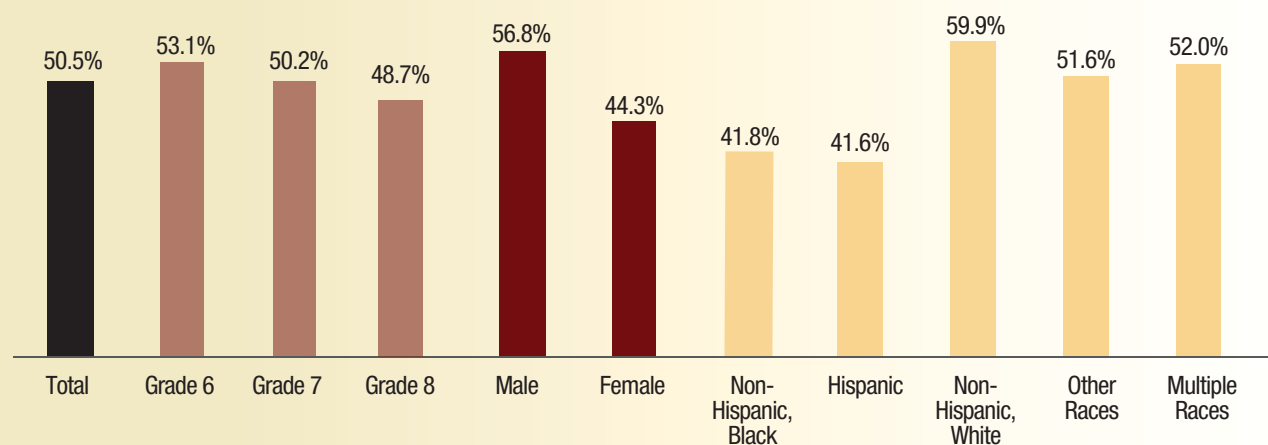
Physical Activity | Are physically active for 60 or more minutes, 5 or more days per week



2016 MIDDLE SCHOOL DATA

| Percentage of Maryland youth who: | 2013 | 2014 | 2016 | 2013 to 2016 Trend |
|--|-------|-------|-------|--------------------|
| Are physically active for 60 or more minutes five or more days per week | 52.5% | 54.0% | 50.5% | ▼ |
| Participated in a physical education class on one or more days per week | 86.8% | 86.4% | 83.6% | ▼ |
| Male | 87.3% | 86.2% | 84.5% | ■ |
| Female | 86.5% | 86.6% | 82.8% | ▼ |
| Went to physical education classes five days in an average week when they were in school | 20.5% | 30.9% | 28.0% | ▼ |
| Watched three or more hours of TV per day | 39.5% | 32.2% | 28.5% | ▼ |
| Played video/computer games or used a computer for something that was not schoolwork three or more hours per day | 39.5% | 37.4% | 42.7% | ▲ |

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



Nutrition

Eating a healthy diet during adolescence is essential as teenagers are still growing and adding bone mass. A healthy diet during adolescence aids in the prevention of such health problems as obesity, anemia, and cavities. 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. The U.S. Department of Agriculture's "My Plate" recommendations for Americans are to fill half their plates with fruits and vegetables, and the remaining half with grains and lean proteins; where half of the grains are whole grains. Plates should also include a glass of one percent or nonfat milk, or calcium-fortified soymilk.

2016 HIGH SCHOOL SURVEY HIGHLIGHTS

The U.S. Department of Health and Human Services notes sodas are one of the foods which contributes the most added sugars to Americans' diets. Added sugars provide calories, but not nutrients.* The percentage of students reporting they drank a soda one or more times per day during the past week has significantly decreased between 2009 and 2016 to 14 percent. Overall, the percentage of students who ate fruits and vegetables three or more times per day during the past week remained unchanged between 2005 and 2016.

* U.S. Department of Health and Human Services. Health Facts (Retrieved August 2018 from http://www.csrees.usda.gov/nea/food/pdfs/hhs_facts_carbohydrates.pdf).

2016 MIDDLE SCHOOL SURVEY HIGHLIGHTS

The middle school survey did not include questions about specific food or beverage choices. The percentage of middle school youth who ate breakfast on all seven days prior to the survey significantly decreased from 2013 to 2016.

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 implemented new, federally mandated nutrition standards for all foods sold in schools, including à la carte items in cafeterias, vending machines, and school stores.

2016 HIGH SCHOOL DATA

| Percentage of Maryland youth who: | 2005 | 2007 | 2009 | 2011 | 2013 | 2014 | 2016 | 2005 to 2016 Trend |
|---|-------|-------|-------|-------|-------|-------|-------|-----------------------|
| Ate fruit during past week | 84.4% | 81.5% | 85.0% | 86.0% | 84.3% | 84.1% | 83.7% | ■ |
| Ate vegetables two or more times per day during past week | 25.6% | 24.4% | 26.6% | 29.4% | 27.7% | 25.8% | 24.0% | ■ |
| Ate fruits or vegetables three or more times per day during past week | 32.8% | 30.4% | 35.3% | 38.6% | 33.8% | 31.5% | 27.8% | ■ |
| Drank a soda one or more times per day during past week* | - | - | 21.3% | 24.9% | 18.0% | 16.6% | 14.0% | ▼ |

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

2016 MIDDLE SCHOOL DATA

| Percentage of Maryland youth who: | 2013 | 2014 | 2016 | 2013 to 2016 Trend |
|---|-------|-------|-------|-----------------------|
| Ate breakfast on all 7 days during the week | 47.3% | 53.3% | 46.6% | ▼ |

Sexual Behavior



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 protection such as a condom or other forms of birth control.

2016 HIGH SCHOOL SURVEY HIGHLIGHTS

The 2016 survey results present an overall positive picture of sexual health among Maryland youth. The percentage of Maryland high school youth who have had sexual intercourse significantly decreased from 39.1 percent to 31.8 percent from 2013 and 2016. As in every previous year this question has been asked (2013-2016), significantly more males than females reported having had sexual intercourse. Among youth who have ever had sexual intercourse, there was a significant decrease in the percentage who reported having drank alcohol or used drugs before the last time they had sexual intercourse. There was a significant increase in the percentage of youth who reported using birth control the last time they had sexual intercourse. The percentage who reported using birth control pills did not change, while the percentage who used an IUD increased from 2013 to 2016.

2016 MIDDLE SCHOOL SURVEY HIGHLIGHTS

Youth sexual behavior questions were again included in the 2016 middle school survey, allowing for the analysis of trends in this report. A total of 6.8 percent of Maryland middle school youth reported having ever had sexual intercourse in their lifetime, resulting in no significant change from the previous years' value of 7.4 percent. Among middle school youth who had ever had sexual intercourse, 55.7 percent reported using a condom the last time they had sexual intercourse, a significant decrease from the last survey in 2014. A significantly higher percentage of males (9.6 percent) than females (3.8 percent) reported having had sexual intercourse. A very small percentage of middle school youth reported having their first sexual intercourse before age 11 (2.9 percent), a trend which has not changed from 2014. A similar percentage reported having had sexual intercourse with three or more persons in their lifetime (2.1 percent), a significant decrease from 2014.

Actions taken to address this behavior

The MDH Maternal and Child Health Bureau (MCHB) administers the Maryland Sexual Risk Avoidance Education Program, which uses a multi-dimensional approach to promote risk reduction through sexual abstinence among 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. The MCHB provides funding to local health departments and community-based organizations that serve 10 to 19-year olds in communities of high need across the state to implement evidence-based curricula in their programs.

Sexuality Education is addressed in Standard 4 of the Maryland State Curriculum for Health Education: “Students will demonstrate the ability to use human development knowledge, social skills, and health enhancing strategies to promote positive relationships and healthy growth and development throughout the life cycle.” Each local school system shall provide in public schools an instructional program in health education each year, with sufficient frequency and duration to meet the requirements of the state curriculum for all students in prekindergarten through eighth grade and offer a health education program in ninth grade through 12th grade that enables students to meet the half credit graduation requirement.

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

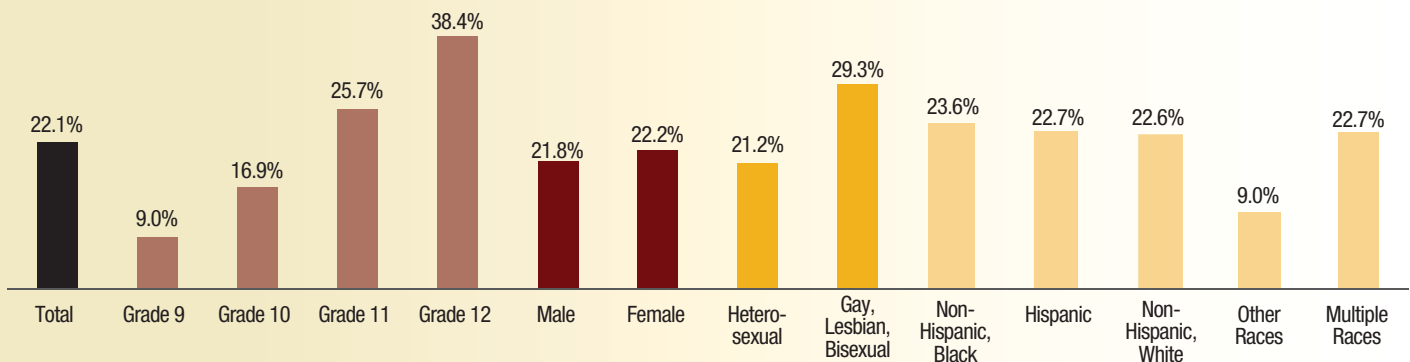
The MCHB awards mini-grants to local health departments and community partners that demonstrate a need for PREP funding in their community and a capacity to implement an approved, evidence-based curriculum to the youth population. For more information, go to <https://phpa.health.maryland.gov/mch/Pages/teenpreg.aspx>.



2016 HIGH SCHOOL DATA

| Percentage of Maryland youth who: | 2013 | 2014 | 2016 | 2013 to 2016 Trend |
|---|-------|-------|-------|-----------------------|
| Ever had sexual intercourse* | 39.1% | 32.4% | 31.8% | ▼ |
| Had sexual intercourse before age 13* | 6.6% | 5.0% | 4.3% | ▼ |
| Had sexual intercourse with four or more people during lifetime* | 12.3% | 8.6% | 7.7% | ▼ |
| Had sexual intercourse during past three months* | 27.2% | 22.6% | 22.1% | ▼ |
| Drank alcohol or used drugs before last sexual intercourse (among students that ever had sex)* | 24.0% | 23.7% | 21.2% | ▼ |
| Reported usage of birth control the last time Maryland youth engaged in sexual intercourse: | | | | |
| Used a condom* | 61.5% | 61.3% | 56.9% | ▼ |
| Used birth control pills, IUD or implant, shot or birth control ring* | 24.5% | 23.7% | 27.7% | ▲ |
| Used no method of birth control* | 14.3% | 14.6% | 15.8% | ▲ |

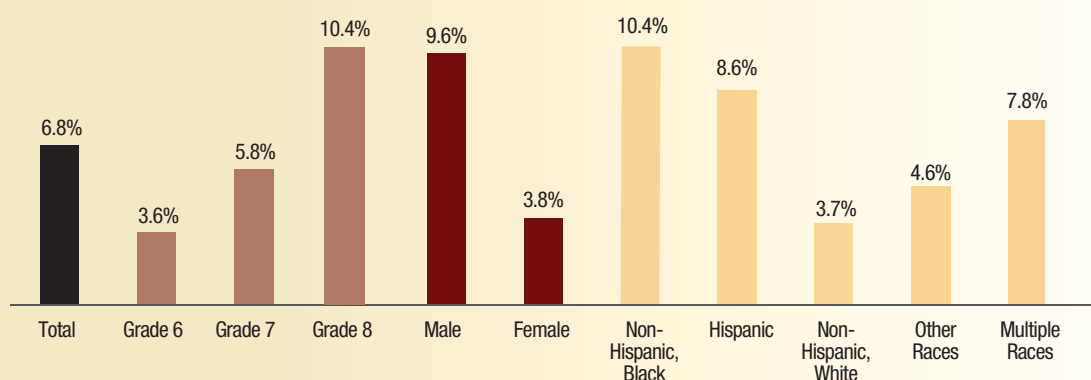
Sexual Behavior | Had sexual intercourse during past three months



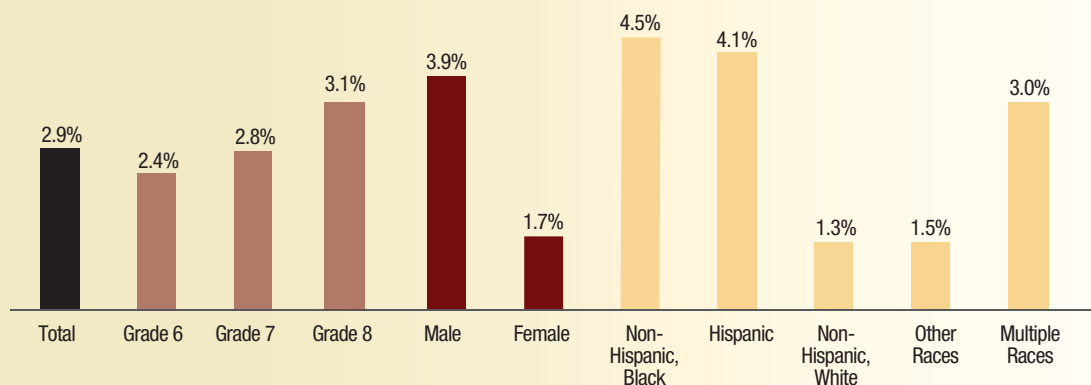
2016 MIDDLE SCHOOL DATA

| Percentage of Maryland youth who: | 2014 | 2016 | Trend |
|--|-------|-------|-------|
| Ever had sexual intercourse* | 7.4% | 6.8% | ■ |
| Had sexual intercourse before age 11 (for the first time)* | 3.0% | 2.9% | ■ |
| Used a condom during last sexual intercourse (among students who ever had sexual intercourse)* | 63.4% | 55.7% | ▼ |
| Had sexual intercourse with three or more people during lifetime* | 2.7% | 2.1% | ▼ |

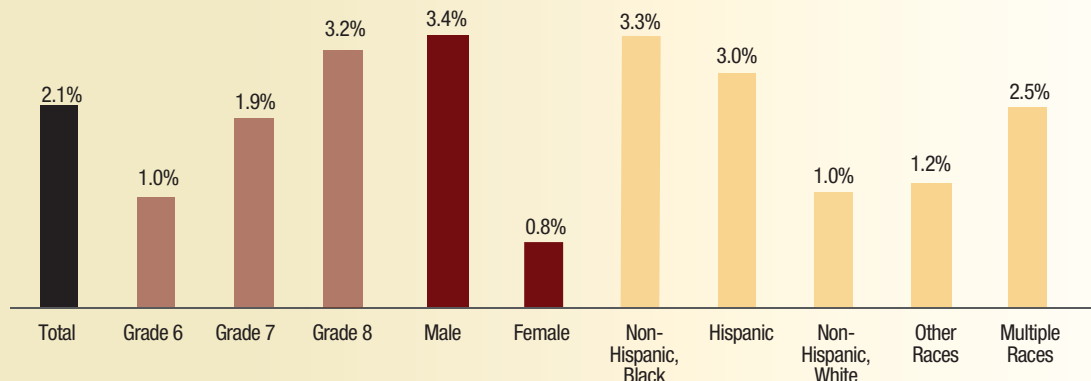
Sexual Behavior | Have ever had sexual intercourse



Sexual Behavior | Have ever had sexual intercourse before the age of 11



Sexual Behavior | Have ever had sexual intercourse with 3 or more persons during their life



Injury and Violence

Motor vehicle crashes kill more teens in the United States than any other cause of death. On average in Maryland, between 2011 and 2015, 52 people lost their lives and 6,700 people were injured each year in crashes involving a driver aged 16 to 20 years old. Most motor vehicle-related deaths and injuries are predictable and preventable.

2016 HIGH SCHOOL SURVEY HIGHLIGHTS

The percentage of Maryland youth who reported riding in a car with someone who had been drinking in the past 30 days significantly decreased from 2005 to 2016. More than a quarter of Maryland youth (28.1 percent) reported texting or emailing while driving in the past 30 days; significantly more males than females reported doing so. Regarding school violence, significantly fewer youth reported carrying a weapon on school property in the past 30 days from 2005 to 2016, however this percentage significantly increased from 2014 to 2016 (4.3 percent to 7.4 percent). Significantly more males than females reported carrying a weapon on school property during the 30 days before the survey (9.3 percent and 4.5 percent, respectively). The percentage of Maryland youth who reported being in a physical fight on school property in the past year also significantly decreased from 2005 to 2016. Males were also significantly more likely than females to have been in a physical fight on school property (14.7 percent vs. 8.7 percent).

Approximately 10 percent of Maryland youth reported they had been physically hurt by someone they were dating in the past year. The percentage of Maryland youth who reported that they were physically forced to have sexual intercourse or do sexual things in the past year significantly decreased from 2013 to 2016, however this percentage is significantly higher than 2014 (8.1 percent vs. 8.8 percent). 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 in the past year. Youth who identified as gay, lesbian, or bisexual were also significantly more likely to report experiencing physical or sexual dating violence than heterosexual youth.

2016 MIDDLE SCHOOL SURVEY HIGHLIGHTS

Almost 60 percent of Maryland middle schoolers reported having ever ridden in a car driven by someone who was texting while driving. Only 5.2 percent of Maryland middle school youth reported never or rarely wearing a seat belt when riding in a car, a decrease from 2013. The percentage of youth who have ever ridden with a driver who had been drinking alcohol did not change from 2013 to 2016.

Over half (52.3 percent) of middle school youth reported having ever been in a physical fight in 2016. The percentage of youth who carried a weapon did not change significantly from 2013, but increased from 2014.



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 MSDE. Safety and Injury Prevention is one of the state standards in the comprehensive pre-K–12 health education curriculum. In 2016, Erin’s Law passed the Maryland legislature, which requires all public school and some nonpublic schools to develop and implement a program of age-appropriate education on the awareness and prevention of sexual abuse and assault. The MDH worked with a workgroup that convened to draft updated standards to Personal Health and Safety. In 2018, the Maryland legislature passed a new law mandating that each county board provide age-appropriate instruction on the meaning of “consent” and respect for personal boundaries as part of the family life and human sexuality curriculum in every grade in which the curriculum is taught in public schools in the county, beginning in the 2018/2019 school year. Earning a half credit in health education is a high school graduation requirement, as well as a requirement for access to a well-rounded education in grades K through eight.

Sexual Harassment/Assault Prevention Program (SHAPP): The MSDE collaborates with the MDH 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.
- Local education agencies are eligible to submit a grant application to receive funds for teacher and administrative staff training, curriculum materials and targeted activities for students related to sexual violence prevention.
- The MSDE and the MDH collaborate with external stakeholders to identify allowable activities and to coordinate professional development opportunities. In recent years, programs identified by the CDC as effective have been prioritized.
- In addition to SHAPP funding, the MDH assisted the MSDE with the coordination of a statewide conference for health educators in April 2018 that focused on sexual violence. Attended by more than 200 health teachers, workshops on healthy relationships, healthy sexuality, consent, and bystander intervention were held.

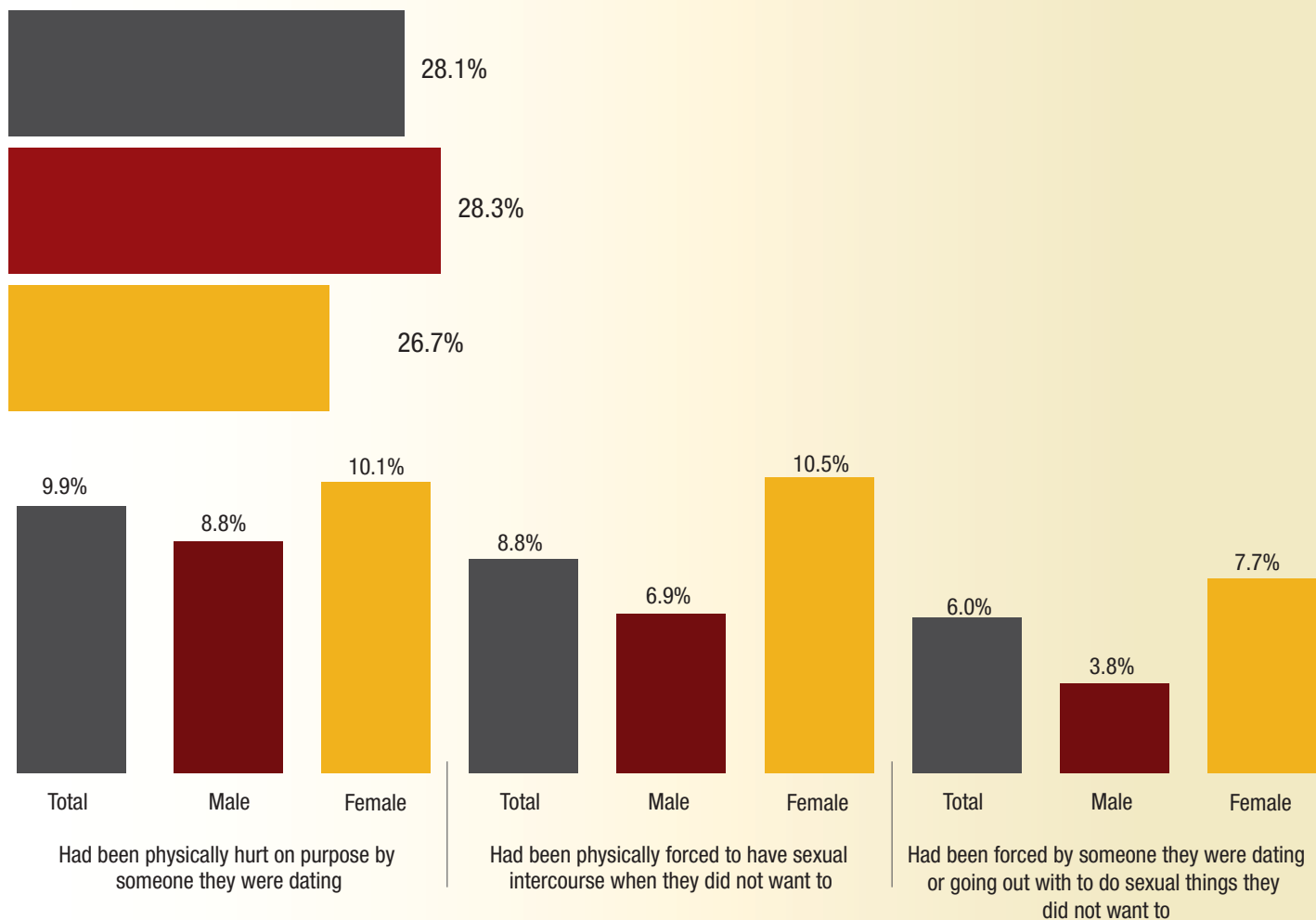
2016 HIGH SCHOOL DATA

| Percentage of Maryland youth who: | 2005 | 2007 | 2009 | 2011 | 2013 | 2014 | 2016 | 2005 to 2016 Trend |
|---|-------|-------|-------|-------|-------|-------|-------|-----------------------|
| Motor Vehicle-Related Risk Factors | | | | | | | | |
| 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% | 18.2% | 14.2% | ▼ |
| Have driven a car after drinking in last 30 days | 7.2% | 8.5% | 8.7% | 7.7% | 8.8% | 7.1% | 5.9% | ▼ |
| Violence | | | | | | | | |
| Had a physical fight on school property | 14.9% | 12.4% | 11.2% | 11.0% | 14.3% | 12.2% | 12.2% | ▼ |
| Were threatened or injured with a weapon on school property | 11.7% | 9.6% | 9.1% | 8.4% | 9.4% | 7.2% | 7.8% | ▼ |
| Carried a weapon on school property | 6.9% | 5.9% | 4.6% | 5.3% | 4.8% | 4.3% | 7.4% | ◻ |
| 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% | 10.1% | 9.9% | ▼ |

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

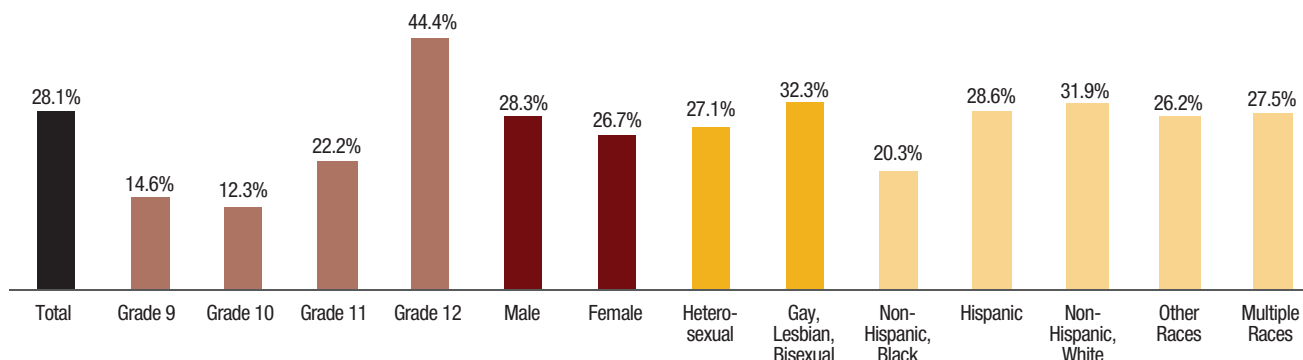
Percentage of students who texted or emailed while driving during the past month, by gender

■ Total ■ Male ■ Female

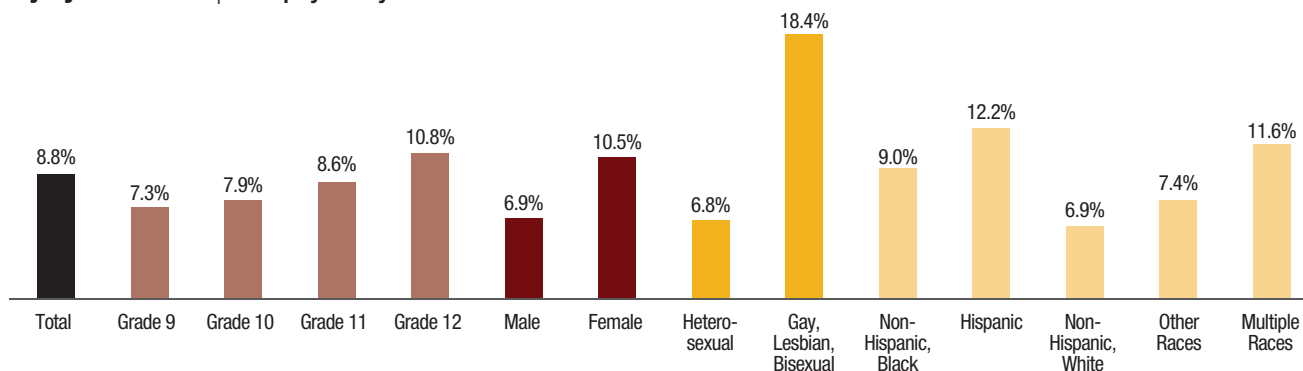


2016 HIGH SCHOOL DATA

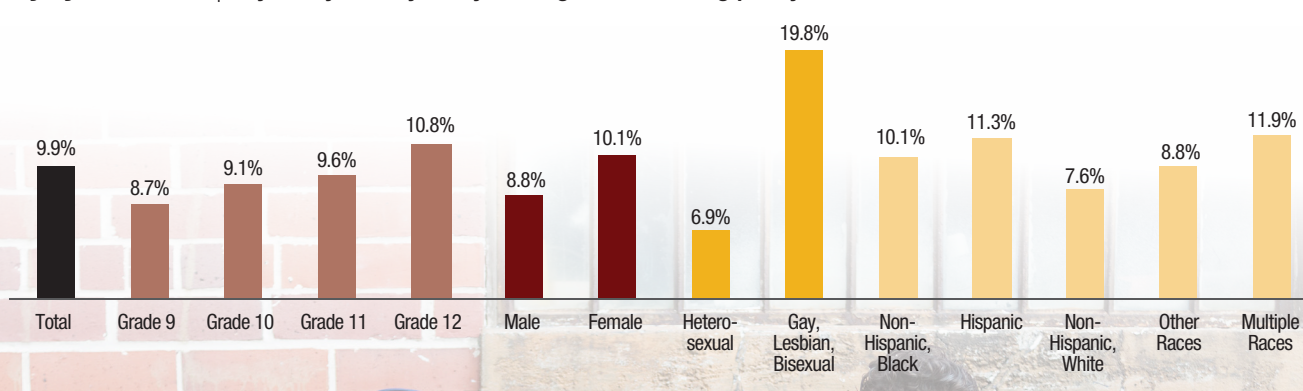
Injury & Violence | Have texted or emailed while driving during past month (among students who drove)



Injury & Violence | Ever physically forced to have sexual intercourse



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

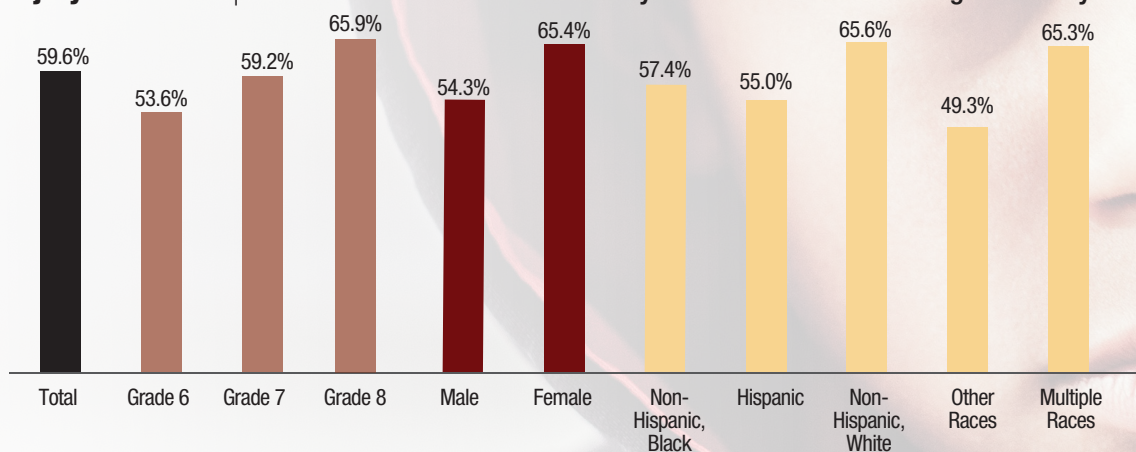


2016 MIDDLE SCHOOL DATA

| Percentage of Maryland youth who: | 2013 | 2014 | 2016 | 2013 to 2016 Trend |
|--|-------|-------|-------|--------------------|
| Motor Vehicle-Related Risk Factors | | | | |
| Rarely or never wear a seatbelt | 7.7% | 5.7% | 5.2% | ▼ |
| Have ever ridden in a car with a driver who had been drinking alcohol | 19.9% | 16.8% | 19.7% | □ |
| Have ever ridden in a car with a driver who was texting while they were driving* | - | 51.2% | 59.6% | ▲ |
| Violence | | | | |
| Were ever in a physical fight | 54.5% | 47.8% | 52.3% | □ |
| Ever carried a weapon (such as a gun, knife, or club) | 29.4% | 25.4% | 29.2% | □ |

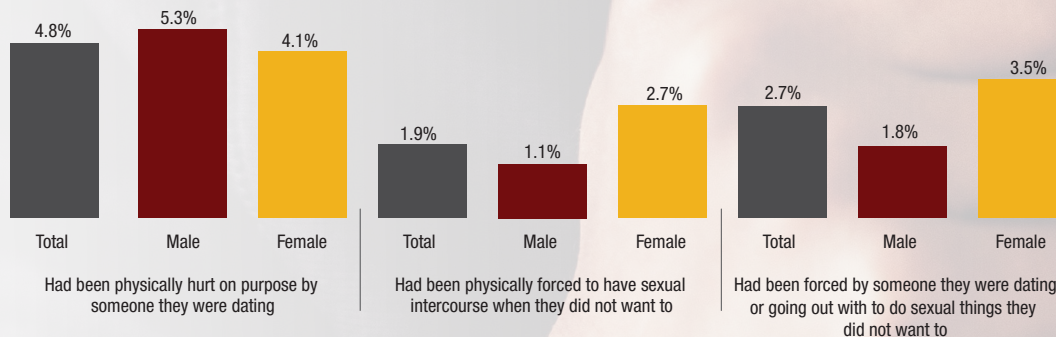
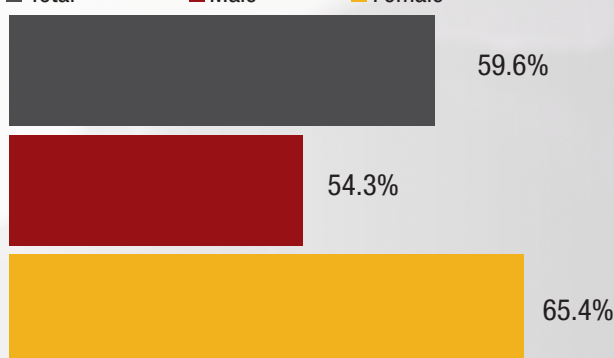
*A comparison with 2013-2016 is not possible because this question was added in 2014.

Injury & Violence | Have ever ridden in a car driven by someone who was texting while they were driving



Percentage of students who have ever ridden in a car driven by someone who was texting while they were driving the car, by gender

■ Total ■ Male ■ Female



Tobacco Use



In 2012, the U.S. Surgeon General called tobacco use, a “pediatric epidemic,” since youth and young adults are uniquely susceptible to the social and environmental influences for tobacco use, as well as the powerful addicting effects of nicotine.* 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.

Youth may be unaware of potentially serious health risks of electronic vapor products or Electronic Smoking Devices (ESDs), which have skyrocketed in popularity in recent years. ESDs, e-cigarettes, vapes, electronic nicotine delivery systems, and similar devices, typically deliver nicotine, flavorings, and other additives to users through an inhaled aerosol. These frequently flavored products are especially popular among youth, surpassing rates of traditional tobacco products (e.g. cigarettes and cigars) and are of particular concern due to high nicotine content and nicotine’s harmful effects on the developing adolescent brain. Additionally, the aerosol emissions can contain heavy metals such as nickel, lead and tin, and flavoring such as diacetyl, a chemical linked with lung disease.**

*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 Centers for Disease Control and Prevention: <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/exec-summary.pdf>

**Centers for Disease Control and Prevention. (2018, November 6). Electronic Cigarettes, What’s in e-cigarette aerosol? Retrieved from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm

2016 HIGH SCHOOL SURVEY HIGHLIGHTS

The percentage of Maryland youth who used any type of tobacco product including cigarettes, cigars, and smokeless tobacco in the past 30 days, was 14.4 percent. The percentage of youth who use ESDs in the past 30 days, was 13.3 percent. Males were significantly more likely than females to report using any type of tobacco in the past 30 days (16.9 percent vs. 10.8 percent). The percentage of Maryland youth who smoked cigarettes in the past 30 days significantly decreased. The percentage of youth who used smokeless tobacco in the past 30 days increased significantly between 2005 and 2016. The percentage of Maryland youth who used ESDs in the past 30 days significantly decreased, however the survey question did not include names of newer, more popular ESDs, such as JUUL, which have rapidly contributed to a national epidemic of ESD use. The 2018 YRBS/YTS questionnaire will include updated product names of devices. Despite the 2016 decline, ESDs are still the most used product by youth compared to individual use of cigarettes, cigars, and smokeless tobacco. The continued popularity of ESDs among youth is notable as the products have sleek, easily concealable designs, offer little ‘smoke’ clouds and odor, and are offered in a huge variety of fruit and candy flavors.

2016 HIGH SCHOOL SURVEY HIGHLIGHTS

The percentage of middle school youth who used any type of tobacco product including cigarettes, cigars, or smokeless tobacco in the past 30 days is 4.1 percent. The percentage of youth who smoked a cigarette for the first time before age 11 decreased significantly from 2013 to 2016 (3.0 percent to 2.4 percent, respectively). The overall picture of middle school ESD use is mixed: In 2016, approximately 18 percent of middle school youth reported ever having used ESDs, a significant increase from the 2014 survey, and 4.8 percent reported currently using ESDs in the past 30 days, a significant decrease from the 2014 survey. Like high school youth, ESDs were the most used product by middle school students.

Actions taken to address this behavior

The MDH provides funding to each of Maryland's 24 local health departments 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 reduce and prevent youth and young adult ESD use, Maryland developed and launched “The Vape Experiment” campaign in 2018. The campaign targets youth and young adults, as this audience is most at risk for ESD use. The campaign was launched in June 2018 with digital ads directing viewers to a website on the facts about ESD use, www.TheVapeExperiment.com.

Maryland celebrated the 10th anniversary of the Clean Indoor Air Act, effective Feb. 1, 2008, which prohibits smoking in all indoor workplaces, including restaurants, bars, and clubs, as well as inside work vehicles, intended to protect residents from exposure to harmful chemicals found in secondhand smoke. By eliminating smoking in indoor public places, smokers may be encouraged to quit, and social norms change to tobacco-free environments. Maryland now has its first “smoke-free generation,” since current fifth-graders (10 years old and younger) have never been exposed to a smoke-filled bar, restaurant, or concert venue.

Local smoke-free and tobacco-free policies have also expanded across Maryland over the past several years in areas such as parks, schools, colleges, and businesses. In 2016, the Charles County Health Department revised its Tobacco Use Policy to include the prohibition of ESDs. In 2017, Cecil and Wicomico County joined Harford and Baltimore County in prohibiting the use of tobacco products, including ESDs, in county parks.

The MDH continues to provide free cessation services through the Maryland Tobacco Quitline, 1-800-QUIT-NOW. 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 confidential and include mailed materials and referrals to local programs.

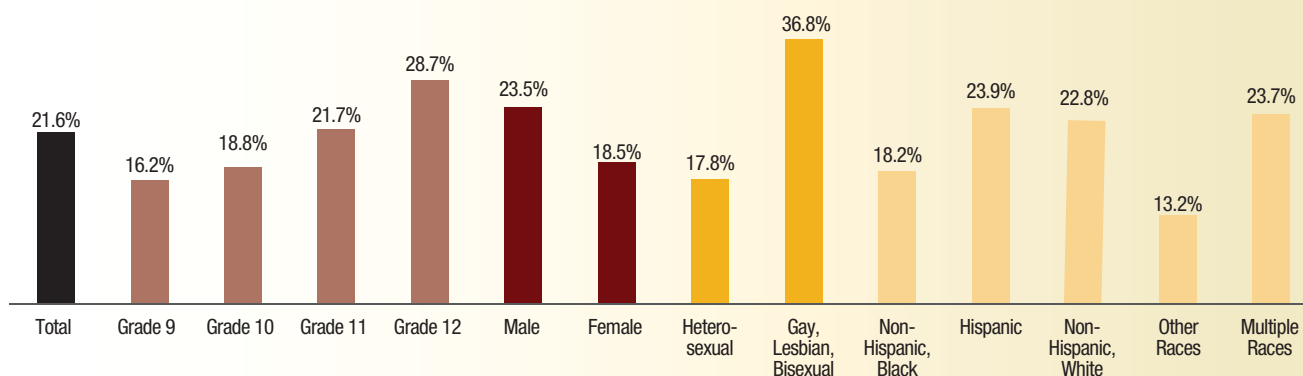
2016 HIGH SCHOOL DATA

| Percentage of Maryland youth who: | 2005 | 2007 | 2009 | 2011 | 2013 | 2014 | 2016 | 2005 to 2016 Trend |
|--|-------|-------|-------|-------|-------|-------|-------|--------------------|
| Smoked cigarettes in past 30 days | 16.5% | 16.8% | 11.9% | 12.5% | 11.9% | 8.7% | 8.2% | ▼ |
| Smoked a whole cigarette before age 13 | 13.7% | 13.4% | 10.8% | 10.9% | 8.0% | 7.1% | 7.1% | ▼ |
| Smoked a cigar in past 30 days | 11.6% | 11.0% | 12.7% | 12.9% | 12.5% | 10.3% | 9.0% | ▼ |
| Used smokeless tobacco in past 30 days | 2.9% | 4.2% | 5.4% | 7.2% | 7.4% | 5.8% | 6.2% | ▲ |
| Used flavored tobacco products (excluding menthol cigarettes) in past 30 days* | -- | -- | -- | -- | 13.3% | 11.6% | 7.4% | ▼ |
| Ever used electronic vapor products (e-cigarettes, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens)** | -- | -- | -- | -- | -- | 37.6% | 35.3% | ▼ |
| Used any type of electronic vapor product in past 30 days** | -- | -- | -- | -- | -- | 20.0% | 13.3% | ▼ |

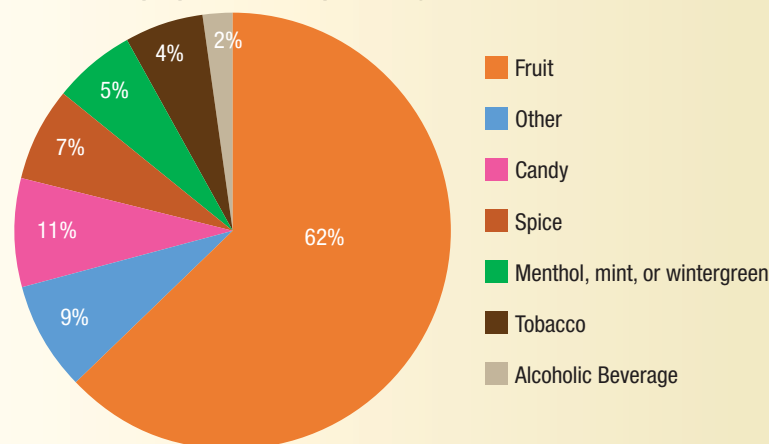
*A comparison with 2005 - 2011 is not possible because this question was added in 2013.

** A comparison with 2005 - 2013 is not possible because this question was added in 2014.

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



Flavors of electronic vapor used by those who consumed electronic vapor products in the past 30 days



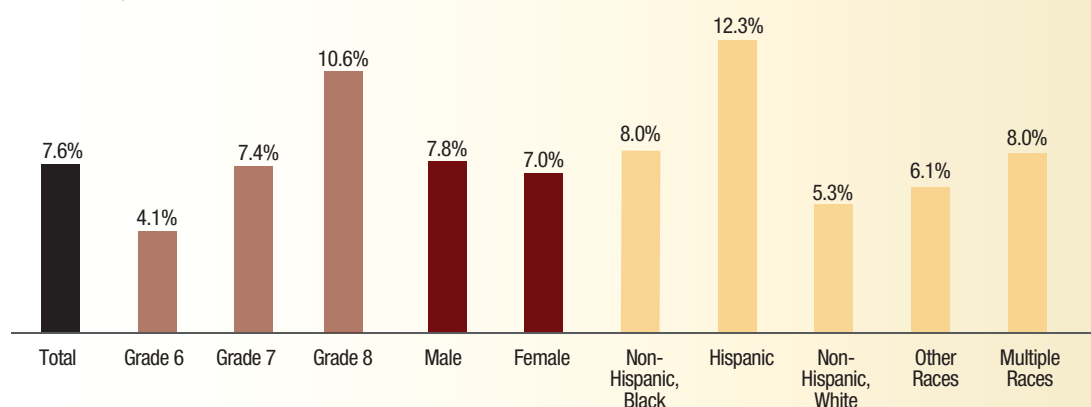
2016 MIDDLE SCHOOL DATA

| Percentage of Maryland youth who: | 2013 | 2014 | 2016 | 2013 to 2016 Trend |
|---|------|-------|-------|--------------------|
| Smoked cigarettes in past 30 days | 3.9% | 2.5% | 1.3% | ▼ |
| Smoked a whole cigarette before age 11 (for the first time) | 3.8% | 2.2% | 1.9% | ▼ |
| Used smokeless tobacco in past 30 days* | 3.0% | 1.9% | 1.9% | ▼ |
| Used flavored tobacco products (excluding menthol cigarettes) in past 30 days | 3.3% | 3.1% | 2.3% | ▼ |
| Ever used electronic vapor products (e-cigarettes, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens) ** | -- | 15.4% | 18.4% | ▲ |
| Used any type of electronic vapor product in past 30 days** | -- | 7.6% | 4.7% | ▼ |

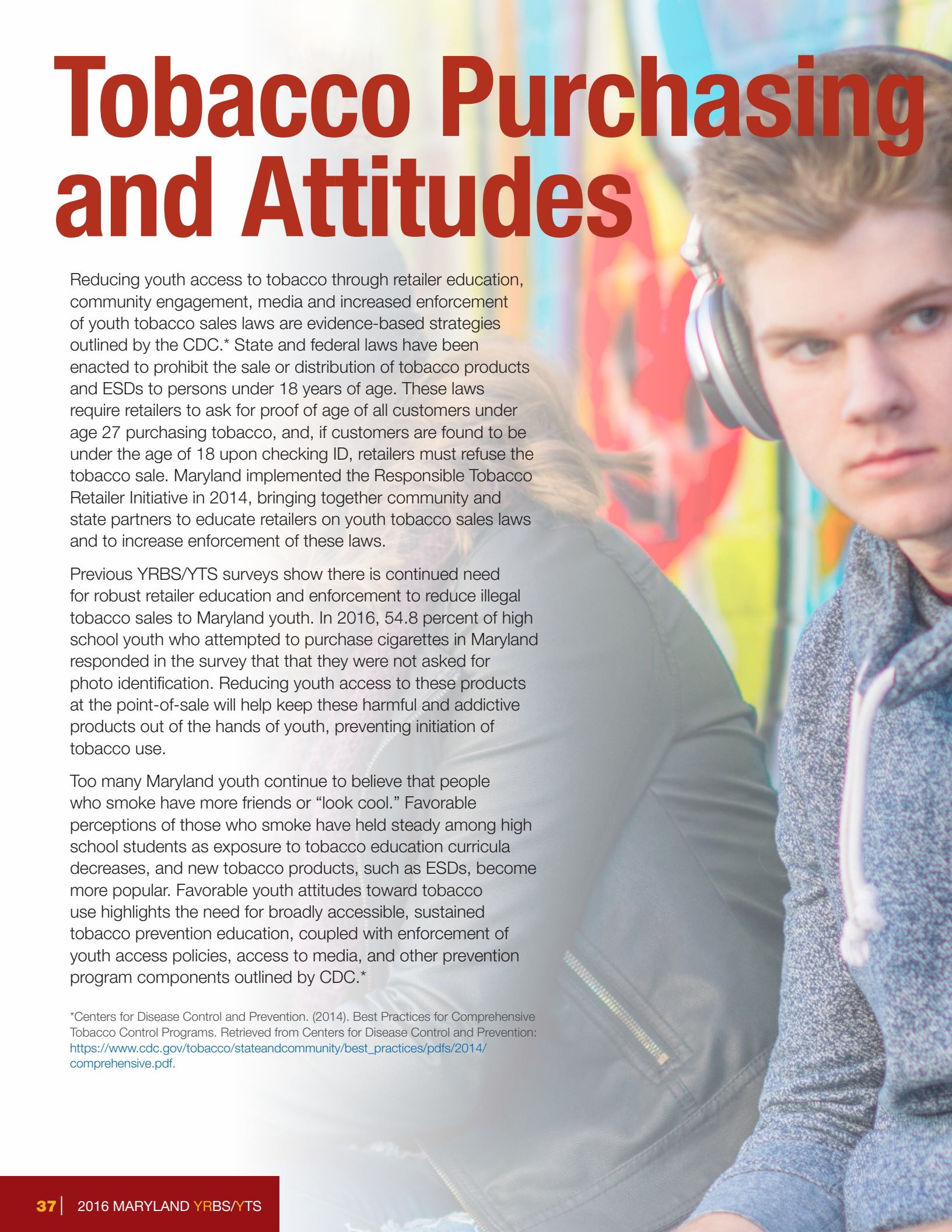
*Any statistically significant changes must be interpreted with caution because of a change in the wording of the question in 2016.

**A comparison with 2013 - 2016 is not possible because these questions were added in 2014.

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



Tobacco Purchasing and Attitudes



Reducing youth access to tobacco through retailer education, community engagement, media and increased enforcement of youth tobacco sales laws are evidence-based strategies outlined by the CDC.* State and federal laws have been enacted to prohibit the sale or distribution of tobacco products and ESDs to persons under 18 years of age. These laws require retailers to ask for proof of age of all customers under age 27 purchasing tobacco, and, if customers are found to be under the age of 18 upon checking ID, retailers must refuse the tobacco sale. Maryland implemented the Responsible Tobacco Retailer Initiative in 2014, bringing together community and state partners to educate retailers on youth tobacco sales laws and to increase enforcement of these laws.

Previous YRBS/YTS surveys show there is continued need for robust retailer education and enforcement to reduce illegal tobacco sales to Maryland youth. In 2016, 54.8 percent of high school youth who attempted to purchase cigarettes in Maryland responded in the survey that they were not asked for photo identification. Reducing youth access to these products at the point-of-sale will help keep these harmful and addictive products out of the hands of youth, preventing initiation of tobacco use.

Too many Maryland youth continue to believe that people who smoke have more friends or “look cool.” Favorable perceptions of those who smoke have held steady among high school students as exposure to tobacco education curricula decreases, and new tobacco products, such as ESDs, become more popular. Favorable youth attitudes toward tobacco use highlights the need for broadly accessible, sustained tobacco prevention education, coupled with enforcement of youth access policies, access to media, and other prevention program components outlined by CDC.*

*Centers for Disease Control and Prevention. (2014). Best Practices for Comprehensive Tobacco Control Programs. Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf.

2016 HIGH SCHOOL SURVEY HIGHLIGHTS

There was no significant change in the percent of Maryland youth who were refused the ability to purchase cigarettes (29.6 percent compared to 31.4 percent) or asked to show proof of age (47.7 percent compared to 45.2 percent) when buying tobacco products from a store between 2013 and 2016. Approximately 40 percent of Maryland high schoolers quit using all tobacco products in 2016, a figure that has not significantly changed since 2013. Unfortunately, the percentage of Maryland high schoolers who were taught about the dangers of tobacco in school has significantly decreased every year since the question was added in 2013. The percent of Maryland high schoolers who said youth who smoke have more friends or that smoking makes youth “look cool” or fit in has significantly decreased each year.

2016 MIDDLE SCHOOL SURVEY HIGHLIGHTS

The percentage of Maryland middle schoolers who quit using all tobacco products has significantly increased to 68.1 percent in 2016 from approximately 54 percent in 2013 and 2014. The percent of Maryland middle school students who were taught about the dangers of tobacco in school has significantly decreased every year since the question was added in 2013 (81.6 percent, 80.2 percent, and 74.0 percent, respectively). Maryland middle schooler who said yes that youth who smoke have more friends or that smoking makes youths “look cool” or fit in has stayed below 30 percent every year.

Actions taken to address this behavior

Reducing youth access to tobacco is one of the most effective ways to prevent youth from starting to use tobacco. The MDH has implemented the Responsible Tobacco Retailer Initiative to work with tobacco retailers across the state to eliminate illegal sales of tobacco to youth and reduce youth access to tobacco at the point-of-sale. The Initiative brings together community and state partners to educate retailers on youth tobacco sales laws and increase enforcement of these laws. Key program components include: development of media, educational materials, and a corresponding website with materials order form and online training (www.NoTobaccoSalesToMinors.com); outreach to retailers via direct mailings and press releases; statewide trainings for LHDs, law enforcement, and compliance officers; face-to-face retailer education; and an increased number of compliance checks and enforcement at the local level.

Maryland laws require retailers to ask for proof of age of all customers under age 27 purchasing tobacco, and, if customers are found to be under the age of 18 upon checking ID, retailers must refuse the tobacco sale, according to Md. HEALTH-GENERAL Code Ann. §24-305; Md. CRIMINAL LAW Code Ann. §10-107.

All 24 local health departments receive funding to conduct compliance checks annually on licensed tobacco retailers to prevent youth access to minors. In addition to compliance checks utilizing underage youth, LHDs provide in-person education to retailers, work with community-based organizations on prevention efforts, and conduct other outreach activities in their jurisdictions.



2016 HIGH SCHOOL DATA

| Percentage of Maryland youth who: | 2013 | 2014 | 2016 | 2013 to 2016 Trend |
|---|-------|-------|-------|--------------------|
| Were asked to show proof of age when buying tobacco | 47.7% | 41.0% | 45.2% | ■ |
| Had someone refuse to sell them cigarettes because of their age | 29.6% | 33.3% | 31.4% | ■ |
| Quit using tobacco products in the past 12 months | 41.3% | 40.2% | 41.6% | ■ |
| Live with someone who smokes cigarettes or cigars | 36.9% | 35.8% | 30.4% | ▼ |
| Were taught about the dangers of tobacco in school | 69.4% | 61.7% | 60.3% | ▼ |
| Say yes that young people who smoke have more friends | 39.8% | 37.6% | 38.1% | ▼ |
| Say yes that smoking makes young people look cool or fit in | 24.4% | 21.2% | 22.1% | ▼ |

2016 MIDDLE SCHOOL DATA

| Percentage of Maryland youth who: | 2013 | 2014 | 2016 | 2013 to 2016 Trend |
|--|-------|-------|-------|--------------------|
| Were asked to show proof of age when buying tobacco in the past 30 days (among students who bought or tried to buy cigarettes in a store) | 35.3% | 32.9% | 35.0% | ■ |
| Had someone refuse to sell them cigarettes because of their age in the past 30 days (among students who bought or tried to buy cigarettes) | 20.3% | 20.1% | 27.5% | ■ |
| Quit using tobacco products in the past 12 months (among students who used any tobacco product in the past 12 months) | 54.1% | 54.2% | 68.1% | ▲ |
| Live with someone who smokes cigarettes or cigars | 39.0% | 34.9% | 32.8% | ▼ |
| Were taught about the dangers of tobacco in school | 81.6% | 80.2% | 74.0% | ▼ |
| Say yes that young people who smoke have more friends | 30.0% | 26.8% | 27.2% | ▼ |
| Say yes that smoking makes young people look cool or fit in | 18.5% | 16.6% | 14.5% | ▼ |

Alcohol Use



According to the CDC, underage drinking presents several public health problems.

- Excessive alcohol consumption contributes to more than 4,700 deaths among underage youth (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 for a male and four in a row for a female) and, typically, on multiple occasions
- Health effects of binge drinking include alcohol poisoning; unintentional injuries such as falls, burns and drowning; and neurological damage.

2016 HIGH SCHOOL SURVEY HIGHLIGHTS

The overall picture of alcohol use in Maryland youth is an encouraging one. The percentage of high school youth who binge drank or had five/four or more drinks of alcohol in a row for males/females in the past 30 days decreased significantly from 2005 to 2016. The percentages of youth who have ever had a drink of alcohol, had a drink of alcohol before age 13, or drank in the past 30 days all decreased significantly between 2005 and 2016. In 2016 more females than males reported both having ever had at least one drink of alcohol (57.7 percent vs. 49.1 percent) and drinking alcohol in the past 30 days (28.6 percent vs. 22.0 percent).

2016 MIDDLE SCHOOL SURVEY HIGHLIGHTS

The percentage of middle school youth who had ever drank alcohol decreased significantly from 2013 to 2016; while the percentage that drank alcohol for the first time before age 11, did not significantly change in the same time period.

Actions taken to address this behavior

Within the MDH, the Office of Population Health Improvement (OPHI) provides annual funding to health authorities in all of Maryland's 24 local jurisdictions to prevent youth substance use, including alcohol. Since 2015, 9 high-need jurisdictions have received additional funding and training/technical assistance services to specifically address underage drinking and youth binge drinking prevention in partnership with community coalitions.

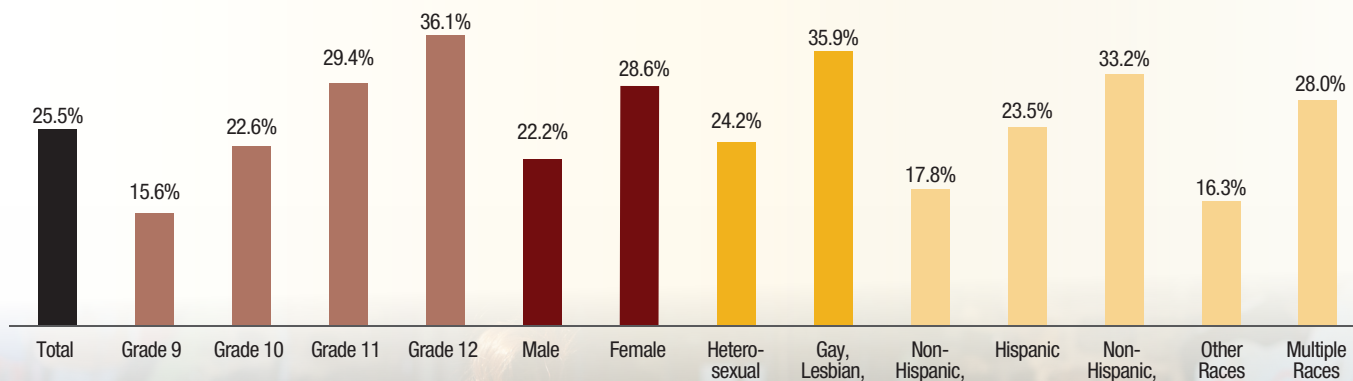
The MDH Office of Population Health Improvement (OPHI) provides funding to support the Maryland Collaborative to Reduce College Drinking and Related Problems to promote the adoption of evidence-based alcohol and other substance use prevention initiatives by colleges and universities throughout the state. OPHI also direct funds Alcohol, Tobacco and Other Drug (ATOD) prevention centers in 4 colleges and universities.

2016 HIGH SCHOOL DATA

| Percentage of Maryland youth who: | 2005 | 2007 | 2009 | 2011 | 2013 | 2014 | 2016 | 2005 to 2016 Trend |
|---|-------|-------|-------|-------|-------|-------|-------|--------------------|
| Have ever had a drink of alcohol | 73.1% | 72.9% | 67.2% | 63.5% | 60.9% | 52.3% | 53.5% | ▼ |
| Male | 71.5% | 70.7% | 65.0% | 59.8% | 57.7% | 47.8% | 49.1% | ▼ |
| Female | 74.7% | 75.3% | 69.3% | 66.8% | 63.9% | 56.6% | 57.7% | ▼ |
| Had a drink of alcohol before age 13 | 24.8% | 23.5% | 24.5% | 23.2% | 19.3% | 17.3% | 15.7% | ▼ |
| Drank alcohol in past 30 days | 39.8% | 42.9% | 37.0% | 34.8% | 31.2% | 26.1% | 25.5% | ▼ |
| Male | 37.6% | 40.3% | 34.4% | 32.3% | 29.3% | 23.0% | 22.2% | ▼ |
| Female | 41.9% | 45.3% | 39.4% | 36.8% | 33.0% | 29.1% | 28.6% | ▼ |
| Binge drank in past 30 days | 20.8% | 23.9% | 19.4% | 18.4% | 17.0% | 13.1% | 13.0% | ▼ |
| Think people are at risk of harming themselves if they have 5+ drinks 1 or more times per week* | -- | -- | -- | -- | 73.7% | 76.9% | 75.3% | ▲ |

**A comparison with 2005 - 2011 is not possible because these questions were added in 2013.

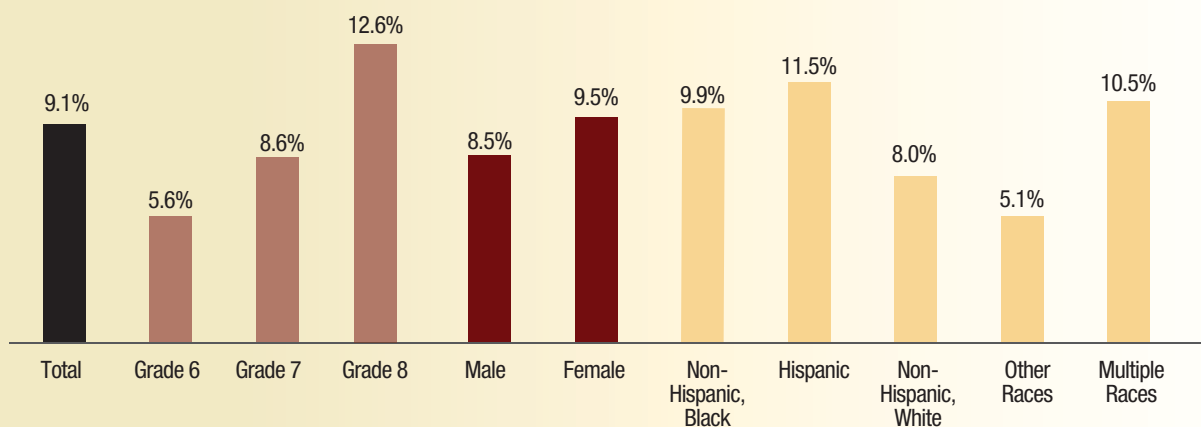
Alcohol | Had one or more drinks in past month



2016 MIDDLE SCHOOL DATA

| Percentage of Maryland youth who: | 2013 | 2014 | 2016 | 2013 to 2016 Trend |
|--|-------|-------|-------|-----------------------|
| Have ever had a drink of alcohol | 25.2% | 17.6% | 21.7% | ▼ |
| Male | 25.2% | 17.7% | 21.8% | ■ |
| Female | 25.1% | 17.4% | 21.6% | ▼ |
| Had a drink of alcohol before age 11 | 12.4% | 8.6% | 11.1% | ■ |
| Drank alcohol in past 30 days | 11.7% | 7.9% | 9.1% | ▼ |
| Male | 11.2% | 7.6% | 8.5% | ▼ |
| Female | 12.1% | 8.0% | 9.5% | ▼ |
| Think people are at risk of harming themselves if they have one or two drinks of alcohol nearly everyday | 67.3% | 69.1% | 76.2% | ▲ |

Alcohol | Had one or more drinks in past month





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. 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.

2016 HIGH SCHOOL SURVEY HIGHLIGHTS

There was no significant change in the percentage of Maryland high school youth who are current marijuana users between 2005 and 2016, but there was a significant decrease in the those who ever tried marijuana. Significantly more 12th-graders reported using marijuana in the past 30 days than other grade levels. The percentage of youth who used a needle to inject drugs into their body one or more times during their lifetime did increase significantly between 2005 and 2016.

2016 MIDDLE SCHOOL SURVEY HIGHLIGHTS

The percentage of middle school youth who had ever used marijuana did not change between 2013 and 2016; however, the percentage who tried marijuana before age 11 decreased during the same time period.

Actions taken to address this behavior

In 2016, the MSDE conducted a Heroin Opioid Prevention Course for teachers, school counselors, and social workers through Blackboard. In addition, updates to The Health Education State Framework were made in 2017 to include performance indicators related to opioid prevention.

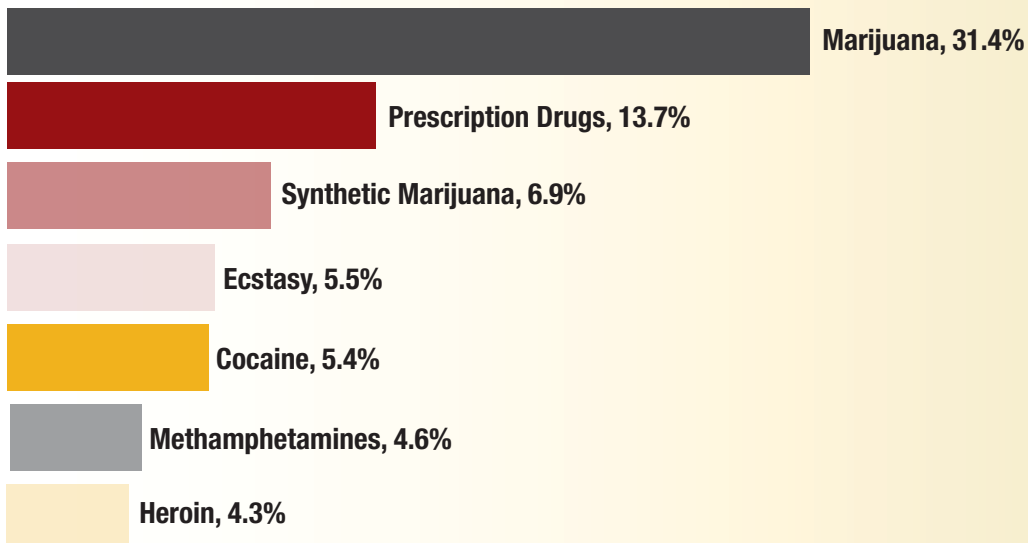
The MDH Office of Population Health Improvement (OPHI) provides annual funding to health authorities in each of Maryland's 24 local jurisdictions to prevent youth substance use and its related consequences. Additionally, OPHI supports training and technical assistance services for local prevention professionals to improve their ability to assess community needs, build capacity through partnerships and coalitions, and identify and implement evidence-based strategies to reduce substance use-related problems by addressing the specific contributing factors in each community.

The Office of Population Health Improvement's Office of School Health partnered with the MDH Behavioral Health Administration and other partners to implement Screening, Brief Intervention and Referral to Treatment (SBIRT) in 15 School Based Health Centers (SBHC) in Maryland. It is projected that 20 more SBHC programs will adopt SBIRT over the next two years, with additional funding to be received in FY19. The project also promoted universal SBIRT administration by school nurses in one county and plans to pilot three additional school districts for school nurse SBIRT administration.

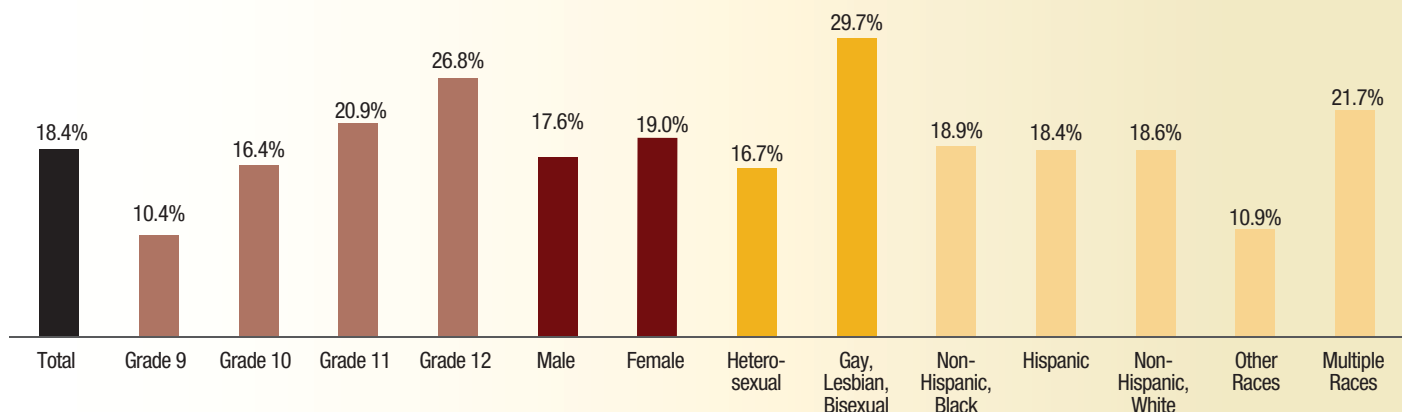
2016 HIGH SCHOOL DATA

| Percentage of Maryland youth who: | 2005 | 2007 | 2009 | 2011 | 2013 | 2014 | 2016 | 2005 to 2016 Trend |
|--|-------|-------|-------|-------|-------|-------|-------|--------------------|
| Have ever tried marijuana | 38.2% | 36.5% | 35.9% | 37.0% | 35.9% | 32.5% | 31.4% | ▼ |
| Tried marijuana for the first time before age 13 | 8.9% | 8.6% | 8.1% | 8.5% | 8.8% | 8.0% | 7.3% | ▼ |
| Used marijuana in past 30 days | 18.5% | 19.4% | 21.9% | 23.2% | 19.8% | 18.8% | 18.4% | ■ |
| Have ever used a needle to inject any illegal drug into their body | 2.0% | 2.1% | 3.0% | 4.1% | 3.9% | 3.6% | 3.8% | ▲ |
| Were offered, sold, or given any illegal drug on school property | 28.9% | 27.4% | 29.3% | 30.4% | 29.1% | 26.2% | 23.5% | ▼ |

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



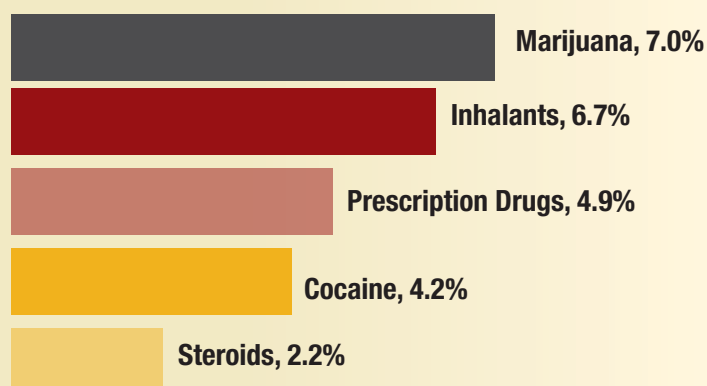
Other Drug Use | Used marijuana in past month



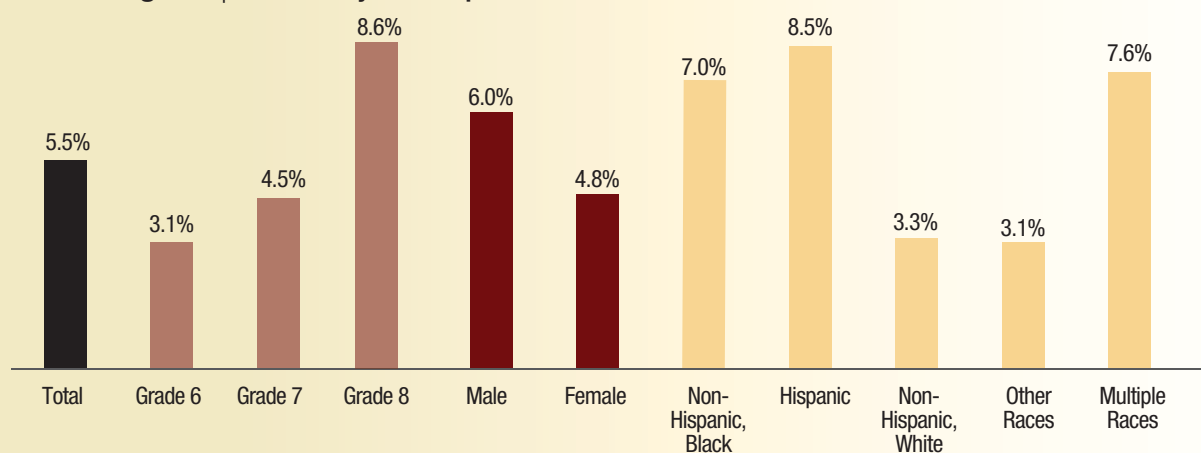
2016 MIDDLE SCHOOL DATA

| Percentage of Maryland youth who: | 2013 | 2014 | 2016 | 2013 to 2016 Trend |
|--|------|------|------|-----------------------|
| Have ever tried marijuana | 9.0% | 7.0% | 7.0% | ▼ |
| Tried marijuana for the first time before age 11 | 3.0% | 4.1% | 2.4% | ▼ |
| Used marijuana in past 30 days | 8.0% | 6.2% | 5.5% | ▼ |

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



Other Drug Use | Used marijuana in past month



APPENDIX A: HEALTH DISPARITIES

HIGH SCHOOL

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 were significantly more likely to report being in a physical fight on school property and using tobacco during the past month.

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 youth and Hispanic youth were also less likely to participate in extracurricular activities at school, be physically active during the past week, and were more likely to be overweight or obese. Non-Hispanic white youth had the highest rates of alcohol use and binge drinking during the past month.

Differences in risk behaviors were also seen between grade levels. Reports of being bullied during the past year were the highest among ninth-grade students and declined in higher grades. Physical activity and participation in physical education during an average week also declined in higher grades, however participation in extracurricular activities was similar among the grades. Meanwhile, sexual intercourse, as well as tobacco use, marijuana use, and alcohol use, during the past month were significantly higher among students in the higher grades.

HIGH SCHOOL Health Disparities in the 2016 YRBS

| Topic | Variable | Total | Grade | | | |
|------------------------|---|-------|---------|----------|----------|----------|
| | | | Grade 9 | Grade 10 | Grade 11 | Grade 12 |
| Bullying | Bullied on school property during past year | 18.2% | 20.8% | 18.7% | 16.3% | 15.6% |
| Bullying | Electronically bullied during past year | 14.1% | 15.2% | 13.7% | 13.2% | 13.8% |
| Protective Factors | Comfortable seeking help from adult beside parents | 77.0% | 75.9% | 76.9% | 77.9% | 78.2% |
| Protective Factors | Participate in extracurricular activities at school | 66.8% | 65.8% | 68.1% | 68.1% | 65.7% |
| Suicide | Felt sad and hopeless during past year | 29.9% | 27.7% | 30.0% | 30.2% | 31.5% |
| Suicide | Seriously considered attempting suicide during past year | 17.3% | 16.8% | 17.6% | 16.9% | 17.1% |
| Overweight/Obesity | Are overweight or obese (based on BMI) | 27.8% | 27.5% | 28.1% | 27.4% | 28.2% |
| Nutrition | Ate fruits and vegetables 3 or more times per day | 5.5% | 5.8% | 5.2% | 5.6% | 5.1% |
| Physical Activity | Are physically active for 60 or more minutes, 5 or more days per week | 35.2% | 39.7% | 36.2% | 32.9% | 31.6% |
| Injury and Violence | Have texted or emailed while driving during past month (among students who drove) | 28.1% | 14.6% | 12.3% | 22.2% | 44.4% |
| Injury and Violence | Were in a physical fight on school property | 12.2% | 14.2% | 12.5% | 10.3% | 9.8% |
| Sexual/Dating Violence | Ever physically forced to have sexual intercourse | 8.8% | 7.3% | 7.9% | 8.6% | 10.8% |
| Sexual/Dating Violence | Physically hurt by a boyfriend/girlfriend during past year | 9.9% | 8.7% | 9.1% | 9.6% | 10.8% |
| Sexual Behavior | Had sexual intercourse during past three months | 22.1% | 9.0% | 16.9% | 25.7% | 38.4% |
| Tobacco | Used any type of tobacco (cigarettes, cigars, smokeless) in past 30 days | 21.6% | 16.2% | 18.8% | 21.7% | 28.7% |
| Alcohol | Had one or more drinks in past month | 25.5% | 15.6% | 22.6% | 29.4% | 36.1% |
| Other Drugs | Used marijuana in past month | 18.4% | 10.4% | 16.4% | 20.9% | 26.8% |

| Gender | | Sexual Identity | | Race/Ethnicity | | | | |
|--------|--------|-------------------|---------------------------|-------------------------|----------|-------------------------|-------------|-------------------|
| Male | Female | Hetero- sexual | Gay, Lesbian, Bisexual | Non- Hispanic, Black | Hispanic | Non- Hispanic, White | Other Races | Multiple Races |
| 16.1% | 19.9% | 15.8% | 30.6% | 14.2% | 18.1% | 21.3% | 14.0% | 21.1% |
| 11.1% | 17.0% | 12.2% | 25.8% | 10.4% | 14.1% | 17.0% | 12.4% | 16.8% |
| 75.6% | 78.6% | 78.5% | 72.2% | 74.7% | 71.4% | 81.9% | 71.7% | 76.4% |
| 65.3% | 68.4% | 67.8% | 63.3% | 62.7% | 53.6% | 72.4% | 75.1% | 70.4% |
| 21.0% | 38.7% | 24.9% | 57.3% | 28.3% | 37.2% | 28.7% | 27.2% | 36.3% |
| 12.4% | 21.8% | 12.8% | 42.9% | 16.1% | 19.6% | 16.6% | 15.8% | 24.2% |
| 29.1% | 26.4% | 25.8% | 35.7% | 33.8% | 32.8% | 22.8% | 17.7% | 28.1% |
| 6.1% | 4.8% | 5.4% | 4.8% | 5.0% | 6.3% | 5.2% | 7.9% | 6.5% |
| 42.2% | 28.4% | 38.4% | 22.4% | 30.5% | 26.8% | 42.1% | 30.9% | 37.7% |
| 28.3% | 26.7% | 27.1% | 32.3% | 20.3% | 28.6% | 31.9% | 26.2% | 27.5% |
| 14.7% | 8.7% | 9.7% | 19.1% | 16.2% | 14.4% | 6.9% | 9.5% | 12.8% |
| 6.9% | 10.5% | 6.8% | 18.4% | 9.0% | 12.2% | 6.9% | 7.4% | 11.6% |
| 8.8% | 10.1% | 6.9% | 19.8% | 10.1% | 11.3% | 7.6% | 8.8% | 11.9% |
| 21.8% | 22.2% | 21.2% | 29.3% | 23.6% | 22.7% | 22.6% | 9.0% | 22.7% |
| 23.5% | 18.5% | 17.8% | 36.8% | 18.2% | 23.9% | 22.8% | 13.2% | 23.7% |
| 22.2% | 28.6% | 24.2% | 35.9% | 17.8% | 23.5% | 33.2% | 16.3% | 28.0% |
| 17.6% | 19.0% | 16.7% | 29.7% | 18.9% | 18.4% | 18.6% | 10.9% | 21.7% |



APPENDIX A: HEALTH DISPARITIES

MIDDLE SCHOOL

Health disparities exist among middle school youth in many categories. Female middle school youth were significantly more likely than males to report feeling sad or hopeless during the past year, having ever seriously thought about killing themselves, and being bullied either on school property or electronically during the past year. Females were also more likely to describe themselves as slightly or very overweight.

Male middle school youth were significantly more likely to report having ever had sexual intercourse, at a rate three times as high as females. Males were also more likely to have been physically active at least 60 minutes per day on five or more days.

Racial and ethnic disparities exist at the middle school level as well. Non-Hispanic black youth and Hispanic middle school youth were significantly more likely than other races to have ever had sexual intercourse, to have had sexual intercourse before age 11, and with three or more partners in their lifetime. Hispanic youth and mixed-race youth were significantly more likely to have felt sad or hopeless during the past year. Hispanic youth, non-Hispanic black youth, and mixed-race middle school youth were all significantly more likely than non-Hispanic white youth to have not eaten breakfast on all seven days before the survey, with Hispanic youth almost twice as likely not to have eaten compared to non-Hispanic white youth.





MIDDLE SCHOOL

Health Disparities in the 2016 YRBS

| Topic | Variable | Total | Grade | | |
|---------------------|---|-------|---------|---------|---------|
| | | | Grade 6 | Grade 7 | Grade 8 |
| Bullying | Ever bullied on school property during past year | 28.2% | 29.3% | 29.7% | 25.5% |
| Bullying | Electronically bullied during this past year | 15.4% | 14.2% | 16.4% | 15.4% |
| Protective Factors | Comfortable seeking help from adult beside parents | 79.1% | 81.0% | 79.3% | 77.6% |
| Protective Factors | Participate in extracurricular activities at school | 60.5% | 61.7% | 61.6% | 58.4% |
| Suicide | Felt sad and hopeless during past year | 25.5% | 23.8% | 25.6% | 26.9% |
| Suicide | Ever seriously thought about killing themselves | 21.3% | 18.2% | 21.8% | 23.9% |
| Overweight/Obesity | Described themselves as slightly or very overweight | 25.0% | 22.7% | 24.1% | 28.3% |
| Nutrition | Ate breakfast on all 7 days during past week | 46.6% | 54.5% | 46.4% | 39.5% |
| Physical Activity | Are physically active for 60 or more minutes, 5 or more days per week | 50.5% | 53.1% | 50.2% | 48.7% |
| Physical Activity | Watched 3 or more hours of TV per day on an average school day | 28.5% | 26.4% | 28.5% | 30.4% |
| Injury and Violence | Have ever ridden in a car driven by someone who was texting while they were driving | 59.6% | 53.6% | 59.2% | 65.9% |
| Injury and Violence | Ever in a physical fight | 52.3% | 50.5% | 53.4% | 52.6% |
| Sexual Behavior | Have ever had sexual intercourse | 6.8% | 3.6% | 5.8% | 10.4% |
| Sexual Behavior | Have ever had sexual intercourse with 3 or more persons during their life | 2.1% | 1.0% | 1.9% | 3.2% |
| Sexual Behavior | Have ever had sexual intercourse before the age of 11 | 2.9% | 2.4% | 2.8% | 3.1% |
| Tobacco | Used any type of tobacco (cigarettes, cigars, smokeless tobacco, or electronic vapor product) in past month | 7.6% | 4.1% | 7.4% | 10.6% |
| Alcohol | Had one or more drinks in past month | 9.1% | 5.6% | 8.6% | 12.6% |
| Other Drugs | Used marijuana in past month | 5.5% | 3.1% | 4.5% | 8.6% |

| Gender | | Race/Ethnicity | | | | |
|--------|--------|-------------------------|----------|-------------------------|-------------|-------------------|
| Male | Female | Non- Hispanic, Black | Hispanic | Non- Hispanic, White | Other Races | Multiple Races |
| 24.7% | 31.7% | 24.1% | 25.9% | 31.9% | 26.5% | 29.1% |
| 11.2% | 19.6% | 12.5% | 14.9% | 18.1% | 15.1% | 17.5% |
| 79.5% | 79.0% | 78.4% | 72.0% | 83.1% | 74.8% | 77.5% |
| 58.9% | 62.3% | 59.3% | 51.6% | 64.0% | 64.2% | 63.5% |
| 19.2% | 31.9% | 26.2% | 35.1% | 21.2% | 25.2% | 31.6% |
| 15.6% | 27.0% | 23.8% | 24.5% | 17.0% | 22.3% | 28.2% |
| 22.7% | 27.4% | 24.8% | 32.3% | 23.7% | 23.4% | 24.4% |
| 53.2% | 40.2% | 40.6% | 39.5% | 52.1% | 59.2% | 39.7% |
| 56.8% | 44.3% | 41.8% | 41.6% | 59.9% | 51.6% | 52.0% |
| 27.6% | 29.5% | 40.6% | 27.9% | 21.0% | 18.9% | 30.7% |
| 54.3% | 65.4% | 57.4% | 55.0% | 65.6% | 49.3% | 65.3% |
| 64.3% | 39.6% | 70.1% | 50.3% | 38.2% | 46.3% | 58.1% |
| 9.6% | 3.8% | 10.4% | 8.6% | 3.7% | 4.6% | 7.8% |
| 3.4% | 0.8% | 3.3% | 3.0% | 1.0% | 1.2% | 2.5% |
| 3.9% | 1.7% | 4.5% | 4.1% | 1.3% | 1.5% | 3.0% |
| 7.8% | 7.0% | 8.0% | 12.3% | 5.3% | 6.1% | 8.0% |
| 8.5% | 9.5% | 9.9% | 11.5% | 8.0% | 5.1% | 10.5% |
| 6.0% | 4.8% | 7.0% | 8.5% | 3.3% | 3.1% | 7.6% |



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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 Prevention

<http://marylandpublicschools.org/about/Pages/DCAA/Health/index.aspx>

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.

Gender Spectrum

www.genderspectrum.org/

Gender Spectrum provides education, training and support to help create a gender sensitive and inclusive environment for children of all ages. Topics include parenting and family, teens, education, mental health, legal, social services, faith and medical. In addition, they sponsor a national conference on transgender issues each year.

TransYouth Family Allies (TYFA)

<http://www.imatyfa.org/>

TYFA empowers children and families by partnering with educators, service providers and communities, to develop supportive environments in which gender may be expressed and respected. The site has resources for parents, educators and youth.

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.

Centers for Disease Control and Prevention

http://www.cdc.gov/healthyyouth/protective/school_connectedness.htm

Provides school connectedness fact sheets for school districts and school administrators; teachers and other staff; and parents and families. Additional resources are available online for strategies to increase protective factors in the school setting and professional development for school staff.

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 connect to people with mental disorders and those impacted by suicide.

The Mental Health Association of Maryland (MHAMD)

<https://www.mhamd.org/>

The state's only volunteer, nonprofit, citizen's organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness.

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).

National Gay and Lesbian Youth Suicide Hotline

1-800-SUICIDE

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://marylandpublicschools.org/programs/Pages/School-Community-Nutrition/index.aspx>

Maintained by the Maryland State Department of Education, School and Community Nutrition Programs Branch. Provides resources and related links for parents and kids.

Teens Health: Food and Fitness

http://kidshealth.org/teen/food_fitness/

Includes information from Nemours Foundation for teens on healthy eating, dieting, exercise, strength training, eating disorders, steroids and more. Includes information in Spanish.

Sexual Behavior

The National Campaign to Prevent Teen and Unplanned Pregnancy

<https://thenationalcampaign.org/>

National organization dedicated to reducing unplanned teen pregnancy in the U.S. by 20% by the year 2020, providing education to teens, parents, and young adults in their 20s that encourages them to take sex and pregnancy seriously, stresses personal responsibility and respectful relationships, and includes extensive information about contraception.

Maryland Center for Sexually Transmitted Infection Prevention

<https://phpa.health.maryland.gov/OIDPCS/CSTIP/Pages/CSTIP%20Resources.aspx>

Maintained by the Maryland Department of Health. Includes statistics, general information and resources for teens, lesbian, gay, bisexual, transgender and questioning individuals, as well as resources for parents, teachers and health provider, and a zip code locator web resource for testing and treatment services.

I Want The Kit

<https://www.iwantthekit.org/>

The Johns Hopkins University program provides a free test kit to Maryland residents who confidentially order on-line. The kit allows individuals to collect a sample in the privacy and comfort of their home, then mail it back to be tested for chlamydia,

gonorrhea, and trichomonas. It's easy to do and the results are reliable. If test results are positive, the individual can be linked to a health care provider for free or low-cost confidential treatment.

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.

General Sexual Health Information

- [The National GYT Campaign: It's Your Sex Life](#)
- [I Wanna Know](#)
- [Planned Parenthood](#)
- [Scarleteen](#)
- [Sex, etc.](#)
- [Go ask Alice!](#)
- [Advocates for Youth](#)

Specific Sexual Health Information

- [Talking to your partner about STIs](#)
- [Bedsider](#): Information on different birth control methods
- [Center for Young Women's Health](#): Sexual health and development for females
- [Young Men's Health](#): Sexual health and development for males
- [HIV Stops with Me](#): Special information about HIV/AIDS in Baltimore
- [STI Risks by Type of Sexual Contact](#)
- STD Hotline: 1-800-227-8922

Interactive

- [Stay Teen](#): Games to test your knowledge and think about relationships

MSM/LGBTQ Resources

- [All about LGBTQ](#)
- [10 Things MSM Should Talk to their Healthcare Provider About](#)

Fact Sheets about STIs and MSM/LGBTQ Individuals

- [Gay and Bisexual Men's Health](#)
- [HIV and Young MSM](#)
- [MSM and HIV](#)
- [Syphilis and MSM](#)
- [Hepatitis and MSM](#)
- [STI Risks by Type of Sexual Contact](#)
- [Lesbian and Bisexual Fact Sheet](#)

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

<https://www.cdc.gov/headsup/youthsports/index.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.

The Maryland Teen Safe Driving Coalition

<http://sites.google.com/site/mdteensafedrivingcoalition/>

State organization working in partnership with The Allstate Foundation and the National Safety Council to help teens build skill and minimize risk through the proven principles of Graduated Driver Licensing (GDL).

Meritus Health Trauma and Emergency Services

www.meritushealth.com/Our-Services/Meritus-Medical-Center/Trauma-Emergency-Services/Stay-Alive-Dont-Text-and-Drive.aspx

A medical center in Hagerstown, is partnering with community organizations to raise awareness of the dangers of distracted driving in the public service campaign, "Stay Alive. Don't Text and Drive."

Violence

Healthy Relationships & Stopping Teen Violence/Harassment

- [Love is Respect](#): Building healthy relationships
- [Teen PCAR](#): Stopping rape
- [That's Not Cool](#): Ending social media harassment
- [RAINN](#): Rape Abuse & Incest National Network
- Maryland Network Against Domestic Violence: <http://mnadv.org/>
- Maryland Governor's Family Violence Council's guide on healthy teen dating: <http://goccp.maryland.gov/wp-content/uploads/fvc-healthy-teen-dating-guide.pdf>
- [Making Schools Safe](#): Stopping discrimination of LGBT individuals in schools

Break the Cycle

<http://www.breakthecycle.org/>

Break the Cycle's mission is to inspire and support young people to build healthy relationships and create a culture without abuse.

Dating Matters

<http://vetoviolence.cdc.gov/apps/datingmatters/>

The Centers for Disease Control and Prevention's teen dating violence prevention initiative includes preventive strategies for individuals, peers, families, schools, and neighborhoods.

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

<https://www.mcasa.org/>

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.

National Alliance to End Sexual Violence

<http://endsexualviolence.org/>

Provides advocacy for the state coalitions and local programs working in victim support and prevention of sexual violence.

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/>

Includes 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.

Center for Injury and Sexual Assault Prevention (CISAP)

<https://phpa.health.maryland.gov/ohpetup/Pages/eip.aspx>

CISAP resides in the Environmental Health Bureau within the Maryland Department of Health and is comprised of three teams: the Rape and Sexual Assault Prevention Program (RSAPP), Kids in Safety Seats (KISS), and the Maryland Violence and Injury Prevention Program (MD VIPP). MD VIPP is currently funded by the CDC to address various topics including intimate partner violence and child abuse and neglect.

- Maryland Violence and Injury Prevention Resource Guide covers 10 topics and injury and violence prevention. Links below connect to the chapters on intimate partner violence and child abuse and neglect
- Intimate Partner Violence: <https://phpa.health.maryland.gov/ohpetup/Shared%20Documents/EIP-RESOURCE/IntimatePartnerViolence.pdf>
- Child Abuse and Neglect: <https://phpa.health.maryland.gov/ohpetup/Shared%20Documents/EIP-RESOURCE/ChildAbuseNeglect.pdf>

The Rape and Sexual Assault Prevention Program (RSAPP)

https://phpa.health.maryland.gov/ohpetup/Pages/rsapp_overview.aspx

RSAPP is a program of CISAP that was developed to provide education, training, resources, and technical assistance to reduce the incidence of rape and sexual violence in the state.

Soteria Solutions

<https://www.soteriasolutions.org/highschool/>

Soteria Solutions provides resources for high schools, including Bringing in the Bystander: High School Edition and Know Your Power social media campaign for high schools.

Coaching Boys Into Men

<http://www.coachescorner.org/>

A model program of Futures Without Violence, which uses coaches to deliver the lessons, was found to be effective among high school male athletes.

Safe Dates

https://www.hazelden.org/OA_HTML/ibeCCtpltmDspRte.jsp?item=38103&sitex=10020:22372:US

A 10 session program from Hazelden that has been evaluated and found effective among 10th grade students.

Shifting Boundaries

<http://www.preventconnect.org/wp-content/uploads/2013/05/Shifting-Boundaries-w-Copyright-at-Lib-of-congresst.pdf>

Program evaluated and found effective in middle school classroom settings. Model includes classroom and schoolwide components.

Tobacco Use

Monitoring Changing Tobacco Use Behaviors: Maryland 2000-2016

<https://phpa.health.maryland.gov/ohpetup/Documents/2000%20-%202016%20Legislative%20Report%20Monitoring%20Changing%20Tobacco%20Use%20Behaviors.pdf>

The Maryland Department of Health provides a summary overview of tobacco use across Maryland every other year, based on the outcome of the YRBS/YTS survey. The report covers trends, key populations, and appendices for local data.

The Cigar Trap

<http://www.TheCigarTrap.com>

The Maryland Department of Health 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 Television communications campaign.

The Vape Experiment

<http://www.thevapeexperiment.com>

The Maryland Department of Health developed The Vape Experiment campaign to increase awareness of the dangers of electronic smoking devices (ESD) use, such as e-cigarettes and vapes. These products are available in fruit and candy flavors, and often contain nicotine, much to the confusion of youth and young adults. The website includes facts, statistics and related resources, as well as a video from the media campaign.

The Responsible Tobacco Retailer Campaign

<http://www.NoTobaccoSalestoMinors.com>

The Maryland Department of Health developed The Responsible Tobacco Retailer campaign to educate retailers on youth tobacco sales laws and increase enforcement of these laws. The website includes educational materials, fact sheets, promotional materials, an order form, and an online training for retailers.

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. 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.

This Free Life Campaign

<http://thisfreelife.betobaccofree.hhs.gov/>

This Free Life is a campaign launched by the Food and Drug Administration (FDA) that works to prevent and reduce tobacco use among young adults who identify as lesbian, gay, bisexual, and transgender (LGBT). This Free Life helps LGBT young adults achieve their best by encouraging them to live tobacco-free.

The Real Cost Campaign

www.therealcost.gov

In February 2016, the Food and Drug Administration (FDA) launched “The Real Cost” media campaign. This national tobacco use prevention campaign targets youth ages 12-17 and addresses: loss of control due to addiction, dangerous chemicals found in tobacco products, and the negative health consequences that result from smoking.

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.

U.S. Food and Drug Administration (FDA)

<http://www.fda.gov/TobaccoProducts/PublicHealthEducation/PublicEducationCampaigns/TheRealCostCampaign/>

[default.htm](#)

FDA's first youth tobacco prevention campaign, "The Real Cost," seeks to educate these at-risk youth about the harmful effects of tobacco use. The goal is to prevent young people who are open to smoking from trying it and to reduce the number of youth who move from experimenting with tobacco to regular use.

Know the Risks: E-cigarettes & Young People

<https://e-cigarettes.surgeongeneral.gov/>

This website is a product of the U.S. Department of Health and Human Services, created through a partnership between the Office of the U.S. Surgeon General and the U.S. Centers for Disease Control and Prevention, Office on Smoking and Health to focus on e-cigarettes and youth.

Still Blowing Smoke

<http://stillblowingsmoke.org/>

A website from the California's Tobacco Control Program about e-cigarettes.

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.

The Maryland Statewide Epidemiological Outcomes Workgroup (SEOW)

<https://www.pharmacy.umaryland.edu/programs/seow/>

A partnership between the University of Maryland School of Pharmacy and the Behavioral Health Administration (BHA) of the State of Maryland Department of Health (MDH), SEOW provides state substance abuse prevention and treatment providers, policy-makers, researchers, and citizens with information about the consumption, risk factors, and consequences associated with alcohol, tobacco, and drug use in Maryland.

Other Drug Use

A Day in the Life of American Adolescents: Substance Use Facts Update

https://www.ncbi.nlm.nih.gov/books/NBK385060/pdf/Bookshelf_NBK385060.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 Truth: Opioid Use

<https://opioids.thetruth.com/o/home>

The publication is available from:

Maryland Department of Health
Prevention and Health Promotion Administration

201 W. Preston Street

Baltimore, MD 21201

410-767-6500 or 1-877-463-3464

health.maryland.gov



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