## 2011 Maryland Youth

# Behavior Survey



#1 in the Nation Four Years in a Row



### Foreword

The Maryland State Department of Education (MSDE) is pleased to publish the results of the 2011 Maryland Youth Risk Behavior Survey (YRBS). In 2004, the Maryland General Assembly mandated MSDE's participation in the YRBS. Maryland's initial participation in the YRBS began in 2005. The law requires the survey to be administered every two years. Since then, the Maryland YRBS has been administered in 2007, 2009, and 2011.

The Maryland YRBS is part of the U.S. Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS) developed in 1990 to monitor behaviors affecting morbidity (disease) and mortality (death) among high-school-age youth. The YRBSS monitors several categories of priority health-risk behaviors among youth. The 2011 Maryland YRBS addresses the following 10 major health concerns:

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

The 2011 Maryland YRBS was administered in the spring of 2011 to students in a representative sample of Maryland public high school classrooms. A total of 2,920 students in 30 Maryland public high schools completed the survey. The school response rate was 100%, and the overall student response rate was 72%. The 2011 Maryland YRBS results are representative of all Maryland's public school students in grades 9–12.

We are pleased that the 2011 YRBS results are generally consistent with the results obtained from previous Maryland YRBS surveys. These cumulative responses provide trend data that may be used to monitor health-risk behaviors among Maryland's youth and young adults. The YRBS findings in each of the above areas will help MSDE, educators, state and local agencies, businesses, students, parents, and other key stakeholders to develop and refine initiatives targeted at improving the health and well-being of Maryland youth.

Bernard J. Sadusky, Ed.D. Interim State Superintendent of Schools



#### How to understand this report

This report presents Maryland Youth Risk Behavior Survey (YRBS) trend data in each of the major risk behavior categories: Bullying and Harassment, Protective Factors, Suicide, Overweight and Obesity, Nutrition, Physical Activity, Injury and Violence, Tobacco Use, Alcohol Use, and Other Drug Use. In 2011, Maryland conducted the fourth administration of the Maryland YRBS and now has four years (2005, 2007, 2009, and 2011) of results to compare across time. This report compares the YRBS results for all four years, noting where behaviors have undergone significant change over time (between 2005 and 2011). The report also highlights significant differences within subgroups of the youth population (e.g., gender, grade). Tables generally show percentages for all students. Where data are broken out separately by males and females, the percentages shown apply solely to that gender and should not be added together.

#### How to understand statistically significant results

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

- statistically significant increase in a negative behavior
- statistically significant increase in a positive behavior
- statistically significant decrease in a positive behavior
- statistically significant decrease in a negative behavior
- difference is not statistically significant.

All estimates within this report were calculated at a 95% confidence interval, meaning that if the 2011 surveys were repeated 100 times, 95 of those repeated surveys would produce estimates within the confidence interval (CI) range calculated for the estimates in this report. In this report, change is described as "significant" when the change has been determined to be "statistically significant." This does not relate to the size of the change that has occurred. Rather, it is determined that the change observed between years is more likely to represent real change (95%) than it is to represent chance (5%).

#### HOW TO GET MORE INFORMATION ABOUT THE MARYLAND YRBS

For more information on the Maryland YRBS, contact Dr. Richard Scott at 410.767.0288 or e-mail rscott@msde.state.md.us.

Additional information on the Maryland YRBS results can be found at the website of the Centers for Disease Control and Prevention: www.cdc.gov/HealthyYouth/YRBS.

# Bullying&Harassment

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

- 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 (rumors, social exclusion);
- A real or perceived imbalance of power between the bully and the victim; and
- Repeated attacks or intimidation between the same children over time.

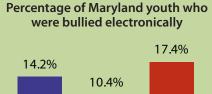
Bullying can occur in person or through technology (electronic aggression or cyberbullying). Electronic aggression is bullying that occurs through email, a chat room, instant messaging, a website, text messaging, or videos or pictures posted on websites or sent through cell phones.

Percentage of Maryland Youth Who Have Been:	2005	2007	2009	2011	Trend 2005–2011
Bullied on school property	28.4%	25.7%	20.9%	21.2%	$\mathbf{\vee}$
Teased because of weight/size*	-	28.7%	27.5%	29.7%	
Harassed because of perceived sexual orientation	13.1%	13.0%	8.9%	11.2%	•
Teased because of ethnicity*	-	17.1%	14.7%	14.4%	

\* A comparison with 2005 results is not possible because the wording for this question was altered beginning with the 2007 Maryland YRBS.

#### **2011 SURVEY HIGHLIGHTS**

Bullying on school property decreased significantly between 2005 and 2011; however, the incidence of harassment stemming from students' perceived sexual orientation remained unchanged. The incidence of bullying, teasing, and harassment remained unchanged between 2009 and 2011.





#### 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.

The school systems also were required to develop programs. They were able to choose the bullying prevention program most suitable for their needs and the means of educating students, staff, volunteers, and parents. The type of bullying prevention programming in the 24 local school systems varies.

# Protective Factors

Protective factors represent the support structures youth have within their families, schools, and communities. Protective factors help to guide youth away from risky behaviors and to promote healthy behaviors. These factors include having parents, teachers, or other adults to turn to for advice or to discuss problems; receiving support from school personnel; being taught about specific risks; and participating in extracurricular activities.

Percentage of Maryland Youth Who:	2005	2007	2009	2011	Trend 2005–2011
Talk to an adult outside of school	87.3%	85.9%	86.0%	84.6%	
Talk to an adult other than a parent	84.7%	84.9%	83.1%	79.7%	
Talk to a teacher or other adult in school*	_	59.9%	60.9%	63.7%	
Feel that teachers really care	49.4%	49.7%	54.1%	54.6%	
Are taught in school about HIV/AIDS infection	89.5%	85.3%	85.7%	83.5%	
Males^	88.9%	82.5%	81.6%	81.9%	
Females^	90.2%	88.7%	89.8%	85.4%	
Participated in extracurricular activities	61.1%	61.6%	64.7%	61.5%	

#### 2011 SURVEY HIGHLIGHTS

Maryland youth have consistently reported in 2005, 2007, 2009, and 2011 that they have an adult at school or elsewhere with whom they can talk about important issues.

The percentage of Maryland youth who report having been taught in school about HIV/AIDS infection has not changed significantly between 2005 and 2011.

<sup>^</sup>Male/female percentages apply solely to that gender and should not be added together. \* A comparison with 2005 data is not possible because the question was added in 2007.



#### Actions taken to address this behavior

School connectedness is a major protective factor that results in decreases in school dropout rates, substance abuse, school absenteeism, gang involvement/school violence, unintentional injury, bullying, and other youth risk behaviors. For more than 12 years, the Positive Behavioral Interventions and Supports (PBIS) program has been implemented in Maryland schools to improve school climate. PBIS is implemented through a partnership among the Maryland State Department of Education (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 in improving school climate. In 2010, Maryland was selected by the United States Department of Education, Office of Safe and Healthy Students as one of 11 states to implement a Safe and Supportive Schools (S3) grant. Included in the goals of this initiative is increasing student engagement. In this randomized controlled study, school-level data are being collected annually for four years to assess school and student needs in the areas of bullying, substance abuse, student engagement, and school safety. In addition, evidence-based practices are selected based on each schools' survey and implementation guidance is provided by trained staff to ensure fidelity.

## Suicide

According to the CDC, suicide is the third leading cause of death among American youth between 13 and 18 years of age. Females continue to be significantly more likely than males to report feeling "sad and hopeless." In 2011, nearly one in three females reported feeling this way.

Percentage of Maryland Youth Who:	2005	2007	2009	2011	Trend 2005–2011
Felt sad and hopeless	29.7%	23.2%	25.1%	25.4%	
Males^	21.5%	15.5%	20.2%	19.2%	
Females^	38.1%	30.7%	30.1%	31.4%	
Seriously considered attempting suicide	17.4%	13.2%	14.5%	16.2%	
Made a suicide plan	12.2%	10.2%	11.6%	12.6%	
Attempted suicide	9.3%	7.5%	10.4%	10.9%	
Males^	6.1%	6.5%	11.2%	10.1%	
Females^	12.4%	8.1%	9.4%	11.1%	
Attempted suicide and required medical care	2.7%	2.3%	3.5%	5.2%	
Males^	2.2%	2.1%	4.4%	5.2%	
Females^	3.3%	2.3%	2.7%	4.9%	

^Male/female percentages apply solely to that gender and should not be added together.

#### Actions taken to address this behavior

Nineteen of Maryland's 24 local school systems are recipients of the Garrett Lee Smith (GLS) Youth Suicide Prevention Grant, at various funding levels. The Johns Hopkins University is the grant manager. The purpose of the grant is to assist local systems with developing and implementing youth suicide prevention and early intervention strategies using public-private partnerships that must include local schools, colleges, as well as the juvenile justice, child welfare, substance abuse, mental health systems, and other youth-serving agencies. Many local systems have used funding to provide gatekeeper trainings to school staff via evidence-based programs and public awareness.

The Maryland State Department of Education (MSDE) is a member of the Governor's Commission on Suicide Prevention. The mission of the Commission is to decrease suicide across the life span in Maryland by increasing citizen awareness, use of best practices, training and techniques, and access to life-saving resources.

MSDE has facilitated a subcommittee of local stakeholders to investigate the possibility of creating a statewide suicide intervention data collection system. The information will assist with identifying and implementing programs.

#### **2011 SURVEY HIGHLIGHTS**

In the last 12 months, almost one-third (29.7%) of Maryland youth reported experiencing feelings of sadness and hopelessness "every day for two or more weeks in a row" to the point they "stop doing usual activities." Although notable, this percentageas well as the percentage of youth who considered attempting suicide, made a plan for committing suicide, or attempted suicide—has remained largely unchanged between 2005 and 2011. However, the percentage of youth whose suicide attempts required medical care increased significantly between 2005 and 2011, both overall and among males.



# Overweight CObesity

Between 1980 and 2008, the prevalence of obesity among adolescents ages 12 to 19 more than tripled, rising from 5% to 18%. Nationwide, more than one-third of children and adolescents are overweight or obese. Obese youth are at risk for cardiovascular disease; prediabetes, bone and joint problems, sleep apnea, and psychosocial problems, such as poor self-esteem. As they age, obese children and adolescents are more at risk for heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

Percentage of Maryland Youth Who:	2005	2007	2009	2011	Trend 2005–2011
Are overweight or obese (measured by the BMI)	28.7%	28.3%	27.8%	27.4%	
Describe themselves as overweight	27.4%	27.5%	27.5%	26.3%	
Are trying to lose weight	42.5%	42.6%	43.7%	44.2%	
Males^	29.0%	28.4%	32.3%	31.0%	
Females^	56.2%	57.0%	55.6%	58.0%	
Did not eat for 24 hours or more to lose weight or to prevent weight gain	10.3%	11.5%	10.7%	15.2%	
Males^	7.5%	7.9%	7.2%	9.4%	
Females^	13.2%	15.1%	14.3%	20.9%	
Vomited or took laxatives to lose weight or to prevent weight gain	3.2%	6.5%	5.9%	5.8%	
Took diet pills, powders, etc. without a doctor's prescription	5.5%	5.7%	5.4%	6.3%	

^Male/female percentages apply solely to that gender and should not be added together.

#### 2011 SURVEY HIGHLIGHTS

The percentage of Maryland youth who are overweight or obese, or who describe themselves as overweight, has not changed significantly between 2005 and 2011. Indeed, approximately one in four Maryland youth is overweight or obese, defined as  $\geq$  85th percentile for body mass index, by age and sex, based on reference data.

While there is no significant difference between males and females in the percentage who are overweight or obese, or describe themselves as such, significantly more females are trying to lose weight.

In 2011, one in five females reported not eating for 24 hours or more to lose weight or to prevent weight gain, which is significantly higher than the percentage of males who reported doing so. Between 2005 and 2011, there was a significant increase in the percentage of youth who engaged in this unhealthy weight loss or maintenance practice, both overall and among females. For females, there was also a significant increase in this practice between 2009 and 2011. In addition, from 2005 and 2011, there was a significant increase in the percentage of youth who vomited or took laxatives to lose weight or to prevent weight gain.

### Nutrition

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

Percentage of Maryland Youth Who:	2005	2007	2009	2011	Trend 2005–2011
Drank 100% fruit juices during the past week	82.8%	80.8%	82.6%	81.0%	
Ate fruit during the past week	84.4%	81.5%	85.0%	86.0%	
Ate green salad during the past week	63.6%	62.3%	61.8%	62.1%	
Ate carrots during the past week	41.3%	43.1%	45.7%	48.3%	
Males^	41.4%	47.0%	45.6%	50.8%	
Females^	41.3%	39.0%	45.7%	45.5%	
Ate fruits and vegetables 5 or more times per day*	19.9%	19.0%	22.5%	23.3%	

^Male/female percentages apply solely to that gender and should not be added together. \*Excluded French fries, fried potatoes, and chips. Included fruit juices.

#### Actions taken to address this behavior

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

The nutritional and physical activity needs of Maryland youth are addressed in schools through wellness policies designed and implemented by each local school system. These wellness policies are designed to help students learn to take responsibility for their 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 systems' wellness policy must address the following four components:

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



#### **2011 SURVEY HIGHLIGHTS**

With the exception of a significant increase in carrot consumption among males, fruit and vegetable consumption remained unchanged between 2005 and 2011.

The United States Department of Agriculture (USDA) Food Guide pyramid recommends 5 fruits and vegetables a day. However, only about one-fourth of Maryland youth are consuming this amount. Consumption is significantly higher among males than females (25.8% vs 20.7%).

# **Physical Activity**

Regular physical activity among children and adolescents is associated with improved cardio-respiratory and muscular fitness, bone health, good metabolism, and proper body composition. To maintain healthy outcomes into adulthood and reduce the risk of diseases such as coronary heart disease, stroke, some cancers, type 2 diabetes, osteoporosis, and depression, physical activity must be a lifelong habit. Although Maryland requires most middle school students to take physical education every semester, the requirement for high school students drops to .5 credits (or one semester) of physical education over four years to graduate.

Percentage of Maryland Youth Who:	2005	2007	2009	2011	Trend 2005–2011
Are physically active for 60 or more minutes 5 or more days per week*	32.4%	30.6%	38.8%	41.2%	•
Males^	42.8%	36.4%	46.0%	50.1%	
Females^	21.9%	25.0%	31.6%	32.3%	
Watched 3 or more hours of TV per day	40.7%	41.9%	39.1%	34.2%	
Played video/computer games or used a computer for 3 or more hours per day**	_	_	28.9%	34.5%	_

^Male/female percentages apply solely to that gender and should not be added together.

\*Any statistically significant changes must be interpreted with caution because of the change in question order starting in 2009.

\*\*A comparison with 2005 is not possible because the question was added in 2009.

#### **2011 SURVEY HIGHLIGHTS**

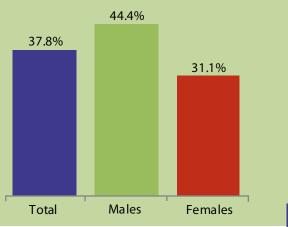
Overall, the percentage of Maryland youth who engage in 60 minutes of physical activity per day as recommended by the Physical Activity Guidelines for Americans\* stands at about 41%. Males are significantly more likely than females to meet the recommended 60 minutes per day and are more likely to participate in a physical education class

on one or more days per week. When the bar is lowered to 20 minutes of physical activity for three or more days during the last week, the percentage of youth rises to 59.1%. This has stayed the same since 2005 (data not shown).

> The percentage of Maryland youth who watch three or more hours of TV per day has been steadily decreasing since 2005, but the percentage who play video or computer games or use a computer for reasons other than school work for three or more hours per day rose between 2009 and 2011.

\* U.S. Department of Health and Human Services

Males are more likely to participate in a physical education class at least once a week





According to the CDC, nearly three-fourths of all deaths among children and adolescents ages 10–24 years are attributable to just four causes: motor vehicle crashes (30%), other unintentional injuries (15%), homicide (15%), and suicide (12%).

Percentage of Maryland Youth Who:	2005	2007	2009	2011	Trend 2005–2011	
Traffic-Related Injuries						
Rarely or never wear a bicycle helmet	81.7%	85.0%	83.8%	80.4%		
Rarely or never wear a seatbelt	6.1%	9.5%	8.2%	11.8%	$\checkmark$	
Have ridden in a car driven by someone who had been drinking in the last 30 days	25.0%	28.9%	26.7%	25.9%		
Have driven a car after drinking in the last 30 days	7.2%	8.5%	8.7%	7.7%		
Violence (Last 12 months, unless otherwise noted)						
Involved in a physical fight one or more times	36.6%	35.7%	32.5%	29.1%		
Males^	43.7%	44%	38.1%	33.6%	$\mathbf{\vee}$	
Females^	29.3%	27.5%	26.6	23.6%		
Had a physical fight that required medical attention	5.0%	6.0%	5.8%	5.2%	•	
Had been physically hurt by a boyfriend/girlfriend	16.3%	15.5%	16.9%	16.0%		
Carried a weapon on school property	6.9%	5.9%	4.6%	5.3%		
Did not go to school because they felt unsafe in the last 30 days	7.6%	7.4%	7.1%	7.4%		

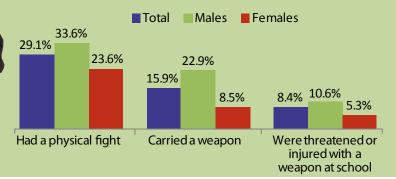
^Male/female percentages apply solely to that gender and should not be added together.

#### **2011 SURVEY HIGHLIGHTS**

Between 2005 and 2011, behaviors related to injuries remained relatively unchanged, with the exception of a significant increase in the percentage of youth who had rarely or never worn a seatbelt. This trend is especially troubling in light of the fact that motor vehicle crashes are the leading cause of death among adolescents nationwide.

There was a significant decrease in physical fighting among males between 2005 and 2011 and, although not significant, weapon carrying among youth has steadily decreased from 19.1% to 15.9% in that same time period.

In 2011, significantly more males than females had been in a physical fight, carried a weapon, and were threatened at school



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# Tobacco Use

The overwhelming majority of adult cigarette smokers initiated and established the habit during adolescence. Although youth may not recognize the short-term impact of cigarette use, damage to the respiratory and cardiovascular systems is almost immediate, and many of the long-term diseases—such as lung cancer are more prevalent among adults who began smoking in their adolescence.

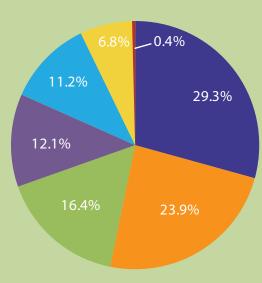
Percentage of Maryland Youth Who:	2005	2007	2009	2011	Trend 2005–2011
Have ever tried cigarette smoking	48.5%	50.3%	43.5%	41.2%	
Smoked a whole cigarette before age 13	13.7%	13.4%	10.8%	10.9%	•
Are current cigarette smokers	16.5%	16.8%	11.9%	12.5%	
Are heavy cigarette smokers	7.4%	7.4%	4.4%	4.4%	
Are current smokeless tobacco users	2.9%	4.2%	5.4%	7.2%	
Males^	4.4%	6.7%	8.4%	10.9%	
Females^	1.3%	1.8%	2.0%	2.8%	
Are current cigar smokers	11.6%	11.0%	12.7%	12.9%	
Males^	16.5%	13.8%	16.4%	16.1%	
Females^	6.7%	7.9%	8.8%	8.9%	
Are current users of any type of tobacco (cigarettes, cigars, or smokeless tobacco)	20.4%	20.4%	18.0%	17.9%	•

^Male/female percentages apply solely to that gender and should not be added together.

#### **2011 SURVEY HIGHLIGHTS**

The majority of tobacco use behaviors remained unchanged between 2005 and 2011, but there was a significant increase in the use of smokeless tobacco, overall and among males. In addition, there has been no significant change in the usual means by which underage current smokers acquire their cigarettes.

#### Where Maryland youth acquired cigarettes in 2011



#### Purchased by someone else with youth's own money

- Borrowed
- Purchased from a store or gas station
- Acquired by other methods
- Acquired by someone over the age of 18
- Taken from family member or retail store
- Purchased from a vending machine

# Alcohol Use

Youth who begin drinking in early adolescence are four times more likely to develop alcohol dependence than those who abstain until adulthood. Alcohol use among youth is associated with a variety of health and social problems, including injuries, accidental deaths, suicide, antisocial behavior, and violence.

Percentage of Maryland Youth Who:	2005	2007	2009	2011	Trend 2005–2011
Have ever had a drink of alcohol	73.1%	72.9%	67.2%	63.5%	V
Males^	71.5%	70.7%	65.0%	59.8%	V
Females^	74.7%	75.3%	69.3%	66.8%	
Had a drink of alcohol before age 13	24.8%	23.5%	24.5%	23.2%	•
Are current drinkers	39.8%	42.9%	37.0%	34.8%	
Males^	37.6%	40.3%	34.4%	32.3%	
Females^	41.9%	45.3%	39.4%	36.8%	
Are binge drinkers	20.8%	23.9%	19.4%	18.4%	

^Male/female percentages apply solely to that gender and should not be added together.

#### **2011 SURVEY HIGHLIGHTS**

Between 2005 and 2011, there was a significant decrease in the percentage of Maryland youth who had ever had a drink of alcohol, both overall and among males. Although not significant, a greater percentage of females (66.8%) than males (59.8%) reported ever having had a drink of alcohol. There was no significant change in other alcohol use behaviors; however, just over one-third (34.8%) of Maryland youth are current alcohol drinkers and nearly one-fifth (18.4%) of youth engage in binge drinking.

Among youth who are current drinkers (34.8%), significantly more females than males usually got alcohol from someone who gave it to them (49.2% vs 38.4%).





# Other Drug Use

The use of illegal drugs among youth has been associated with antisocial behavior, academic problems, violence, and unintentional injuries. Nationwide, 18% of drivers killed in motor vehicle accidents tested positive for illegal drugs.\* In addition, illegal drug use contributes directly and indirectly to the HIV/AIDS epidemic.

\*National Highway Traffic Safety Administration. (November 2010). *Traffic Safety Facts: Drug Involvement of Fatally Injured Drivers*. Retrieved on March 16, 2012 from http://www-nrd.nhtsa.dot.gov/Pubs/811415.pdf

Percentage of Maryland Youth Who:	2005	2007	2009	2011	Trend 2005–2011
Have ever tried marijuana	38.2%	36.5%	35.9%	37.0%	
Tried marijuana for the first time before age 13	8.9%	8.6%	8.1%	8.5%	
Are current marijuana users	18.5%	19.4%	21.9%	23.2%	
Males^	18.5%	23.0%	24.6%	25.9%	
Females^	18.4%	15.9%	19.2%	20.4%	
Are current cocaine users	2.4%	2.6%	3.2%	2.7%	
Used a needle to inject any illegal drug into their body	2.0%	2.1%	3.0%	4.1%	

^Male/female percentages apply solely to that gender and should not be added together.

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



#### **2011 SURVEY HIGHLIGHTS**

Overall, the percentages of youth who have ever tried marijuana, tried marijuana for the first time before age 13, and are current marijuana users have not changed significantly between 2005 and 2011; however, current marijuana use among males has increased significantly. Further, between 2005 and 2011, there was a significant increase in the percentage of youth who have ever used a needle to inject an illegal drug into their body.

Between 2005 and 2011, there was no significant change in inhalant, ecstasy, cocaine, and steroid use among youth overall; but there was a significant decrease in inhalant use among females from 13.6% to 8.2% (data not shown).

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#### **Protective Factors**

None

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#### **Injury and Violence**

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#### **Other Drug Use**

**1st sentence:** Substance Abuse and Mental Health Services Administration. (1999). *The Relationship Between Mental Health and Substance Abuse Among Adolescents*. Retrieved from http://www.oas.samhsa.gov/NHSDA/A-9/comorb3c.htm

**2nd sentence:** National Highway Traffic Safety Administration. (November 2010). *Traffic Safety Facts: Drug Involvement of Fatally Injured Drivers*. Retrieved from http://www nrd.nhtsa.dot.gov/Pubs/811415.pdf

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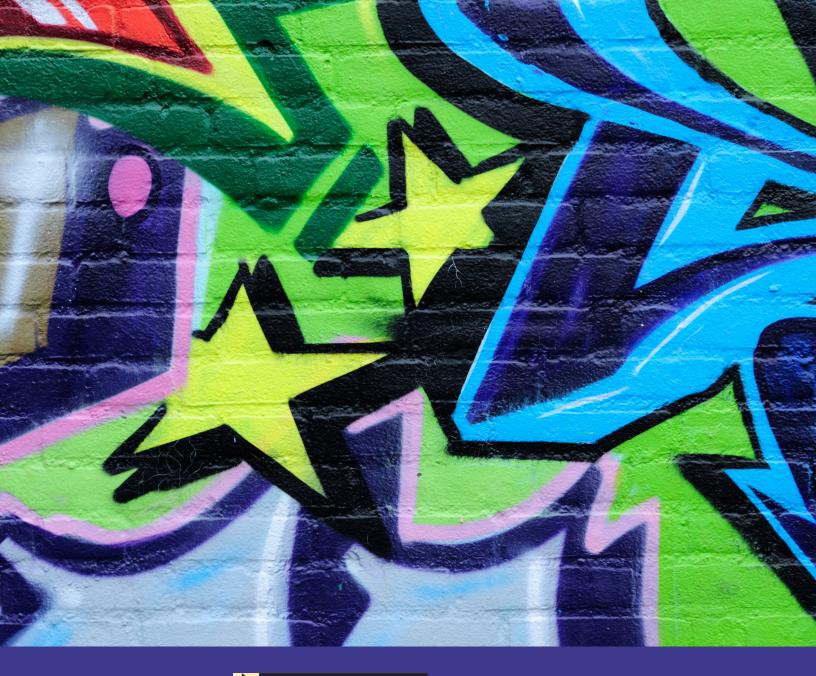
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