

The Well Being of Watertown Youth Report



**Watertown Youth Coalition
2012 Youth Risk Behavior
Survey Results**



Promoting healthy & positive lifestyles

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Executive Summary

Introduction

The Well Being of Watertown Youth 2012 report summarizes key findings from the Youth Risk Behavior Survey (YRBS) results. This YRBS is administered to Watertown High School and Middle School students annually, and the results are used to identify and track the prevalence of health-risk behaviors engaged in by Watertown's adolescents. Survey procedures are designed to protect the privacy of students by allowing anonymous and voluntary participation. In 2012, 551 of 751 High School students (73%) and 483 of 577 Middle School Students (84%) completed the YRBS.

Created by the Centers for Disease Control and Prevention (CDC), the YRBS asks a series of questions about a range of behaviors including Alcohol Use, Marijuana Use, Other Illicit Drug Use, Tobacco Use, Weight and Weight Control, Bullying, Depression and Suicide, Sexual Behaviors and Protective Factors.

The Watertown Youth Coalition (WYC) partners with Watertown High School and Watertown Middle School to help administer the survey, which is conducted during the spring semester of each year. In addition, WYC produces this report, based on survey results, which is available for download at: www.watertownyouthcoalition.org

Watertown Youth Coalition, overseen by *Wayside Multi-Service Center*, is a community based coalition of youth, parents, educators, law enforcement, health professionals, clergy, and local business owners committed to fostering healthy and positive lifestyles among Watertown youth. WYC's mission is to enhance the abilities of children, teens, parents and the community to increase healthy decision-making and decrease unhealthy risky behaviors.

Wayside Multi-Service Center (Wayside Multi), a program of *Wayside Youth & Family Support Network, Inc.*, is a longstanding human services agency in Watertown, operating since 1968. In addition to Wayside's quality clinical services provided to Watertown residents, Wayside Multi's community and outreach activities include staffing of WYC, peer leadership programs, HIV/AIDS, substance abuse, and violence prevention in minority communities, school-based student support services, youth development outreach, and after-school programs. The Wayside Multi embraces the development and enhancement of resiliency skills to enable youth and adults to deal with personal and community issues more effectively.

Executive Summary

Overview

The Well-Being of Watertown Youth 2012 report details YRBS High School results followed by YRBS Middle School responses. This data tracks what students have reported in the last 4 years, as well as comparing local data to the Commonwealth of Massachusetts results from 2011 (the most recent Massachusetts YRBS results available), which helps to validate behavior trends in Watertown.

Youth Impressions of Biggest Challenges

In order to learn about challenges that Watertown teens experience and believe other teens experience, additional questions were added to the YRBS survey each year for the past 5 survey years. These questions asked about students' perceptions of the challenges youth in Watertown face and are as follows:

The Top 5 Perceived Challenges for Watertown High School students in 2012 were:

1. Alcohol and Other Drugs (65.9%)
2. Academic Stress (64.7%)
3. Non Acceptance, Intolerance, Bullying (32.9%)
4. Peer Pressure (28.5%)
5. Body Image (28.3%)

The Top 5 Perceived Challenges for Watertown Middle School students in 2012 were:

1. Academic Stress (70.1%)
2. Body Image (43.2%)
3. Non Acceptance, Intolerance, Bullying (37.4%)
4. Peer Pressure (32.2%)
5. Alcohol and Other Drugs (19.4%)

The same top five challenges made the list for each of the schools that were surveyed this year, and they are consistent with previous years' reported perceived concerns. It has been useful to ask these questions so that WYC can focus on the most significant challenges that Watertown youth face and reassess each year to offer solutions focused on the top 5 issues. For more information, please see the [WYC: We Hear You](#) section of this report.

Executive Summary

Summary

Overall, results presented here often show continued improvements in many important areas and attest to the successful efforts by WYC and its partners as well as countless others in the community working to foster healthy development of young people in Watertown.

Although the emphasis of this report is on adolescent risk behavior, it is equally important to note that most young people in Watertown *do* make healthy choices and *do not* engage in behaviors that threaten their health or safety.

[The Big Picture](#) section of this report looks at the influences that help Watertown youth make healthy choices including their *Relationships with Parents/Guardians*, their *Perception of Harm from substance use*, *Access to alcohol and other drugs* and *Community Attitudes toward youth risk behaviors*.

This report concludes with [WYC: We Hear You](#) which highlights a variety of community based initiatives which WYC has implemented over the years in its mission to promote the health and well being of all Watertown youth.

For more information, a list of local, state and national resources and their contact information can be found in the [Resources](#) section at the end of this report.

Watertown High School

What High School Students Report

Introduction

This section of the Well-Being of Watertown Youth explores what high school students reported in the 2012 YRBS. The statistics presented here cover the major ‘risk areas’ in the survey including *Alcohol Use, Marijuana Use, Other Illicit Drug Use, Tobacco Use, Weight and Weight Control, Bullying, Depression and Suicide, Sexual Behaviors as well as a section on Protective Factors*. To emphasize the importance of protective factors, which contribute to youth engagement in healthy behaviors, see [The Big Picture](#) section of this report.

2012 high school statistics for each risk area are presented graphically in charts alongside 2009, 2010, and 2011 results to provide a look at the frequency of these self-reported behaviors over the last few years. “2012 Highlights” focuses on recent developments, as well as looking at other risk areas to identify populations who reportedly may be more vulnerable to a variety of high risk behaviors.

Where relevant, each category compares the data of Watertown High School to the overall Commonwealth of Massachusetts High School YRBS results from 2011 (the most recent Massachusetts YRBS results available). Limited high school comparisons can be made to Massachusetts as a whole since the Massachusetts Department of Education administers the Youth Risk Behavior Survey to a sample of Massachusetts students every two years. Comparable Massachusetts middle school data are not available since Massachusetts does not administer a statewide middle school YRBS.

Results presented here show continued improvements in many important areas, especially indicators of overall alcohol use, binge drinking and cigarette use, which all report declines in 2012. In addition, a majority of students reported on a number of protective factors that help to protect them against risky behavior: Overall, high school students who report going to their parents with problems (39.8%) were less likely to engage in risky activities (see page 21).

While there have been declines in substance use among high school students, this report indicates a consistent and growing concern about lifetime heroin use and suicidal behaviors. Overall, 72 students (13.3%) reported they seriously considered suicide (see page 16).

Continued efforts to address these issues and promote the well being of all high school students are a priority and can be found in the [WYC: We Hear You](#) section of this report.

Watertown High School

Demographic Characteristics

Demographic Characteristics of 2011 Surveyed High School Students			
		Number	Percentage
Total Valid Surveys		551	100.0%
Gender	Male	267	48.9%
	Female	257	47.1%
	Transgender*	22	4.0%
Race & Ethnicity**	White/Caucasian	271	49.8%
	Armenian	87	16%
	Hispanic or Latino	75	13.8%
	Middle Eastern	51	9.4%
	Black	49	9.0%
	Asian	39	7.2%
	Other	28	5.1%
	American Indian or Alaskan Native	18	3.3%
<p>*High school students who described themselves as being transgender are a relatively small group (22 out of 522 students) however, it is important to note that they are at higher risk for alcohol, tobacco and other drug use, depression and suicide attempts, being bullied, and risky sexual behavior. Although this report does not focus specifically on the findings of transgendered students, it is important to acknowledge this group to ensure that they too are provided a safe and healthy environment.</p>			
<p>**Race & Ethnicity are combined into one question, and respondents could select more than one category.</p>			

YRBS Student Population Included in this Report

- In 2012, 73.5% of High School students took the YRBS (551 out of 751 students)
- In 2011, 72.6% of High School students took the YRBS (532 out of 733 students)
- In 2010, 84.6% of High School students took the YRBS (616 out of 728 students)
- In 2009, 84.6% of High School students took the YRBS (572 out of 676 students)

Watertown High School

Alcohol Use

The YRBS definition of Alcohol includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. The YRBS does not define drinking as a few sips of wine for religious purposes.

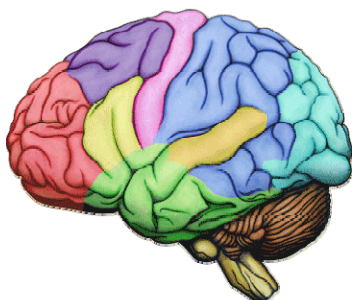
2012 Highlights

Over the last four years, we have seen a decrease in all areas of alcohol use.

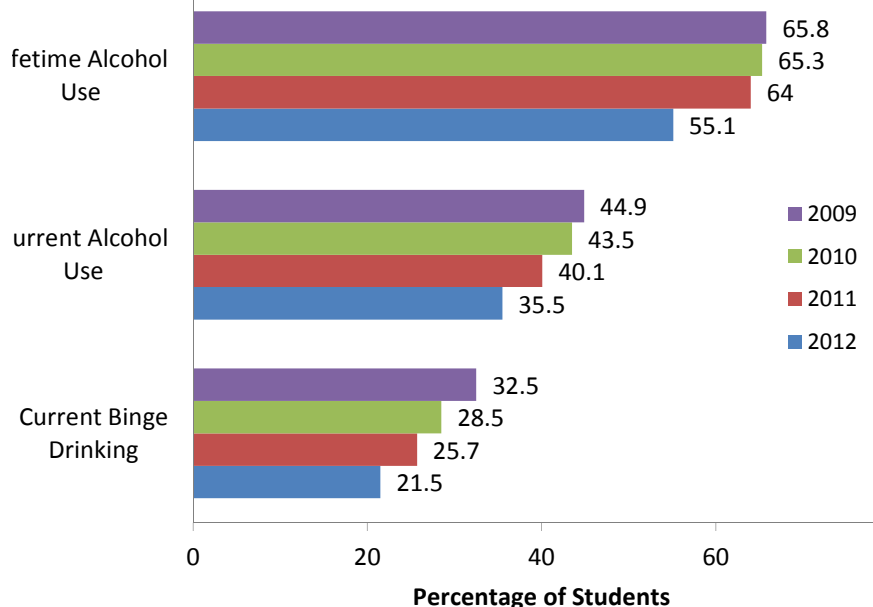
Overall, the percentage of students who report current use of alcohol increases with age/grade: 23.4% of freshman reported trying alcohol as compared to 49.4% of seniors.

Students who reported binge drinking in the past 30-days were three times more likely to also report using diet pills to lose weight than classmates who did not binge drink (18.1% vs. 4.5%).

Students who reported trying alcohol also reported a higher incidence of being bullied in the past year than their peers who did not try alcohol (34.2% vs. 18.3%).



Alcohol Use: 2009-2012 YRBS Data

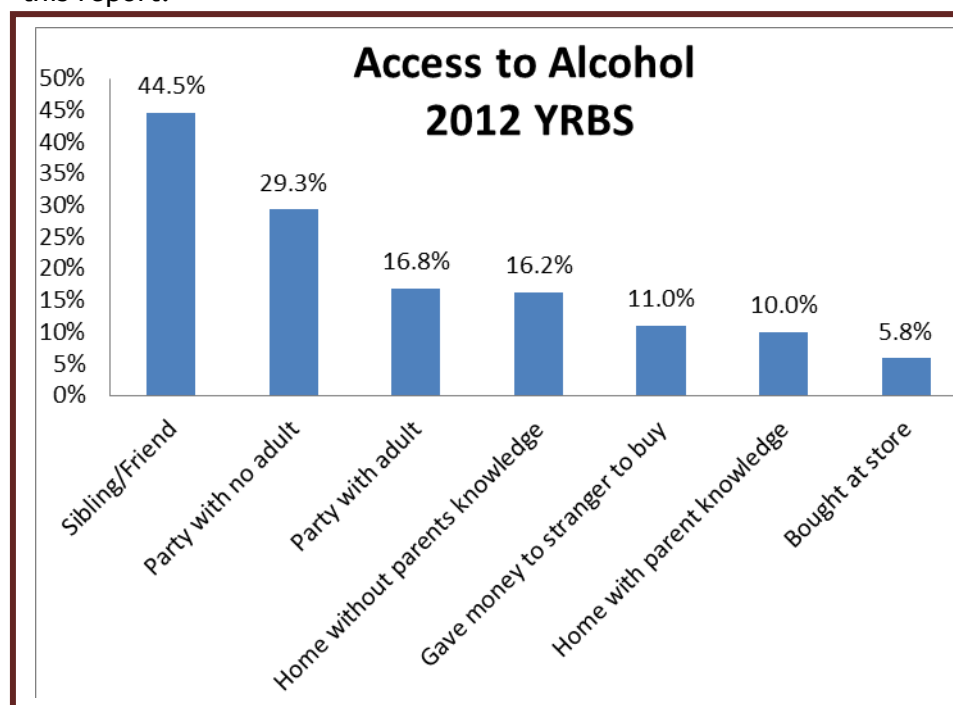


“Our brains go through important transformations during adolescence... Alcohol use during the adolescent years is associated with damage to memory and learning capabilities as well as to the decision-making and reasoning areas in the brain.”
Dr. Sandra Brown, chief of psychology services at the Veterans Affairs Medical Center

Watertown High School

Access to Alcohol

Access refers to where and how teens get alcohol and other drugs. Underage drinking is a significant public health issue that affects the health and well being of youth, and takes a heavy physical and emotional toll on their families and the community. Increased alcohol use is associated with the perception that it is easy to obtain, regardless of whether the perception is accurate. Community programs that address some of these perceptions can be found in the [WYC: We Hear You](#) section of this report.



Accessibility Factors

Of those high school students reporting 30-day alcohol use (35.5%), their primary access to alcohol in 2012 was from a sibling or friend (44.5%); and/or at a party with no adult present (29.3). 16.2% reported getting alcohol from their parents without their knowledge, while 10.0% reported getting it from parents with their consent.

The more alcohol (as well as tobacco and other drugs) is available, the higher the risk is that young people will use them.

The following table shows significant improvement in binge and current drinking behaviors from 2010 - 2012:

Watertown High School vs. Massachusetts - Alcohol Use*					
Question	WHS 2012	WHS 2011	WHS 2010	MA 2011	MA-WHS Comparison
Lifetime Alcohol Use	55.1%	64.0%	65.3%	68.0%	Lower than MA
Current Alcohol Use	35.5%	40.1%	43.5%	40.0%	Lower than MA
Current Binge Drinking	21.5%	25.7%	28.5%	22.0%	Lower than MA

*The comparison chart above compares WHS statistics on Alcohol Use with the most recent published data compiled by the Massachusetts 2011 YRBS.

Watertown High School

Marijuana Use

"Marijuana intoxication can cause distorted perceptions, impaired coordination, difficulty with thinking and problem solving, and problems with learning and memory. Research has shown that, in chronic users, marijuana's adverse impact on learning and memory can last for days or weeks after the acute effects of the drug wear off." (National Institute on Drug Abuse)

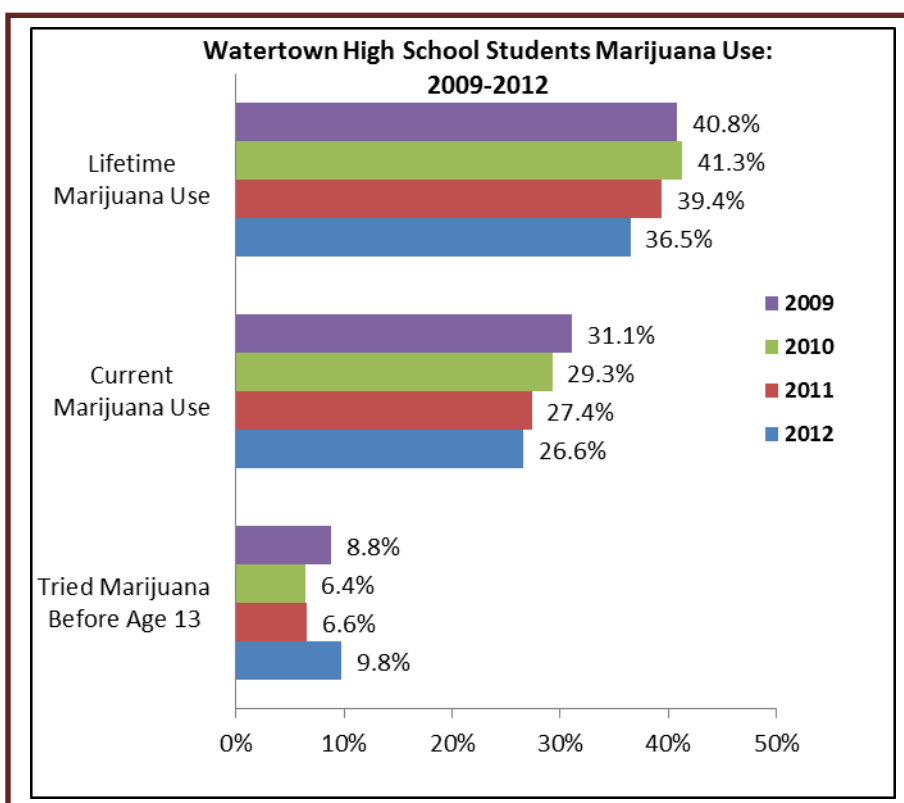
2012 Highlights

36.5% of all high school students reported trying marijuana in their lifetime, with slightly more than one quarter of students (26.6%) using it in the past 30 days.

A larger percentage of male students (43.6%) reported trying marijuana as compared to their female (25.2%) classmates.

Less than half (47.9%) of high school students reported that marijuana use is harmful.

40.7% of students who reported using marijuana in the past 30 days also reported playing on at least one sports team; up from 31.5% in 2011.



WHS vs. Massachusetts: The following table compares Watertown High School statistics on Marijuana Use with the most recent published data compiled by the Massachusetts 2011 YRBS:

Watertown High School vs. Massachusetts - Marijuana Use					
Question	WHS 2012	WHS 2011	WHS 2010	MA 2011	MA-WHS Comparison
Lifetime Marijuana Use	36.5%	39.4%	41.3%	43.0%	Lower than MA
Current Marijuana Use	26.6%	27.4%	29.3%	28.0%	Lower than MA
Tried Marijuana Before Age 13	9.8%	6.6%	6.4%	7.0%	Higher than MA

Watertown High School

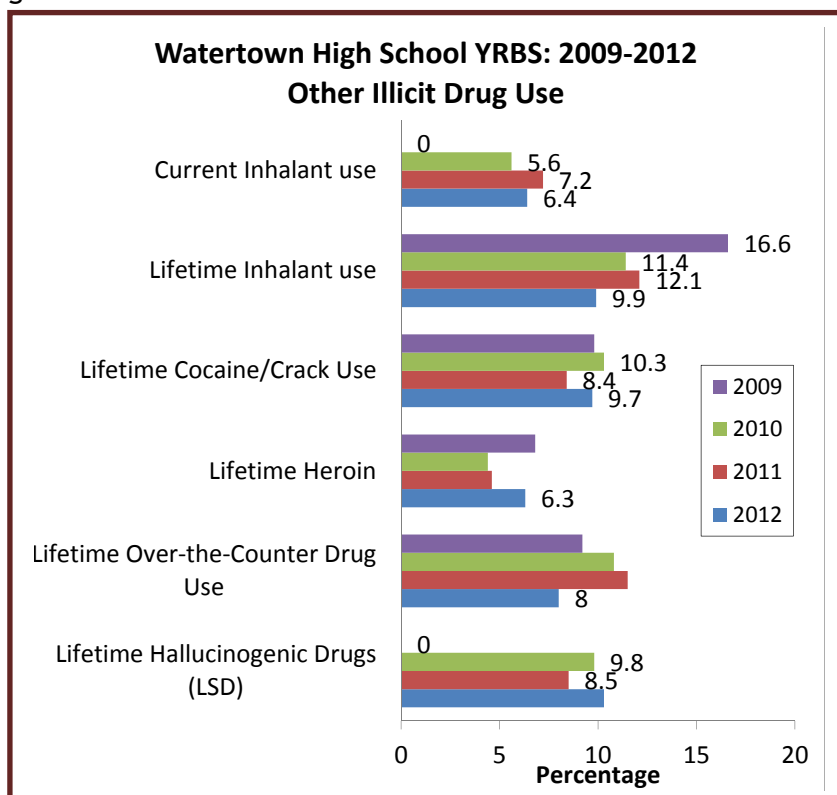
Other Illicit Drug Use

The YRBS definition of “Other Illicit Drugs” includes inhalants, heroin, cocaine, amphetamines, methamphetamines, ecstasy, use of prescription drugs without a doctor’s prescription and use of over-the-counter (OTC) medicine to get high.

2012 Highlights

Overall, the incidence of reported illicit drug use remains statistically low. However, students who did report illicit drug use were more likely to also report other risk factors:

Students who report that they don’t go to their parents/guardians with problems report a higher rate of lifetime use of illicit drugs than their peers who do, including: cocaine (12.8% vs. 5.1%), inhalants (12.5% vs. 6.0%), OTC medication (9.7% vs. 5.6%) and prescription pain reliever drugs to get high (12.9% vs. 6.0%).



WHS vs. Massachusetts: The following table compares Watertown High School statistics on Other Drug Use with the most recent published data compiled by the Massachusetts 2011 YRBS:

Watertown High School vs. Massachusetts - Other Drug Use					
Question	WHS 2012	WHS 2011	WHS 2010	MA 2011	MA-WHS Comparison
Lifetime Cocaine Use	9.7%	8.4%	10.3%	5.0%	Higher than MA
Lifetime Heroin Use	6.3%	4.6%	4.4%	2.0%	Higher than MA
Lifetime Over-the-Counter Use	8.0%	11.5%	10.8%	8.0%	Same as MA

*Heroin use among suburban teens skyrockets; Experts say prescription pills are the new gateway drug. 'Twent years ago, half of the heroin addicts in treatment lived in two states — New York and California,' according to Dr. Joe Gay, director of Health Recovery Services in Ohio, 'Now we're seeing it spread out of the cities, into the suburbs and into the rural areas.'

BY RHEANA MURRAY/NEW YORK DAILY NEWS. Wednesday, June 20, 2012

[Read more](#)

Watertown High School



Are your pills piling up?

Middlesex Drug Take-Back Program

Funded in part by Middlesex District Attorney Gerry Leone's Office

Safely dispose of expired or unwanted prescription and over-the-counter medicines.

Eliminating unused and unwanted medications from your home helps to keep your family and community safe. By properly disposing of your prescriptions, you are contributing to the safety and well-being of your community's youth: the abuse of prescription and over-the-counter medications are on the rise, due in part because these drugs are easily accessible. According to the 2006 National Survey on Drug Use and Health (NSDUH) more than 2.1 million teens ages 12 to 17 reported abusing prescription drugs.

Environmental safety is also important; by properly disposing of these toxic medicines we are working towards reducing our carbon footprint.

You are now able to drop these items at your local police department where they will be disposed of according to safety and environmental standards.

Clean out your medicine cabinet today!

Gerry Leone
Middlesex District Attorney

Edward P. Deveau
Chief, Watertown Police Department

SAFE & SECURE DROP OFF

WATERTOWN POLICE
552 Main Street
Watertown, MA 02472
24 hour drop off
Main Lobby

APPROVED ITEMS:

- Prescription & Over-the-Counter Medications
- Vitamins
- Medication Samples
- Veterinary Medications
- Narcotics

NON APPROVED ITEMS:

- Needles (any type)
- IV Bags
- Personal Care Products
- Hydrogen Peroxide
- Inhalers
- Thermometers &
- Other Mercury Items
- Empty Containers (these are safe to dispose of in your regular recycling bin)

Take a moment and dispose today!

The rates of misusing or abusing prescription drugs have been increasing over the past ten years while the perception of risk has been decreasing.

The number one place youth get these drugs is from friends or their family's medicine cabinet.

Dr. Michael Klein, director of the FDA Controlled Substance Staff, gives some tips:

1. Don't share your medications, and store them in a safe, secure place
2. Count the pills regularly to make sure no one else is using them
3. If you are having a house party or an open house, make sure the medications are properly secured

If you are not using the medications anymore, dispose of them at the Watertown Police station!

Watertown High School

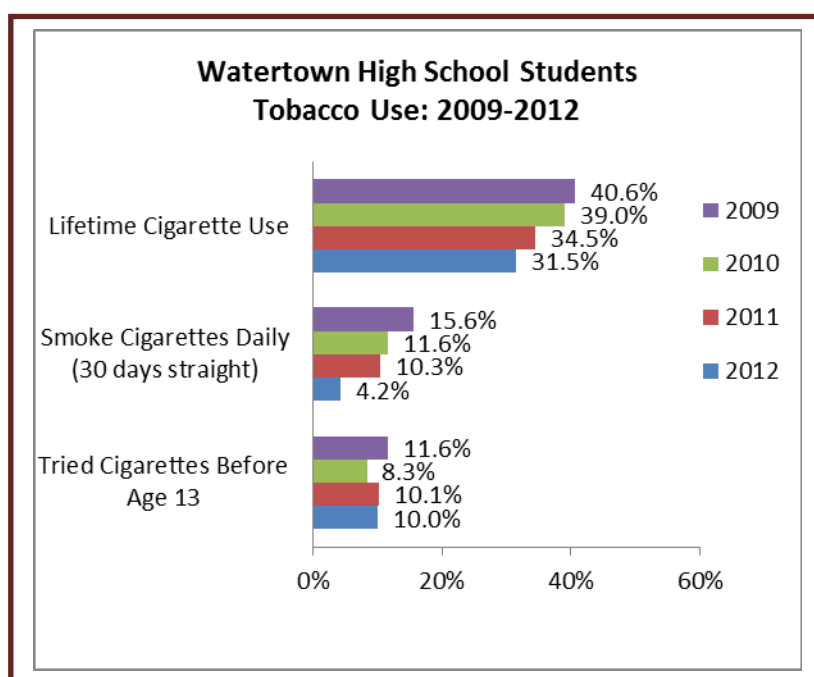
Tobacco Use

"Prevention efforts must focus on both adolescents and young adults because among adults who become daily smokers, nearly all first use of cigarettes occurs by 18 years of age (88%), with 99% of first use by 26 years of age." (Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General, 2012 U.S. Department of Health & Human Services) See [WYC: We Hear You](#) section to read about what Watertown Youth Coalition Peer Leaders are doing to prevent tobacco use.

2012 Highlights

Lifetime cigarette smoking (having ever tried it) shows a significant decline in the last three years, from 40.6% reported in 2009, to 31.5% in 2012. More males (37.4%) reported ever smoking cigarettes than their female (23%) peers. Fewer students (43.7%) reported that they tried to quit smoking in the past 12 months than in 2011 (48.5%)

Indicators of cigarette smoking have declined steadily over the last decade; however, the prevalence of students' currently using smokeless tobacco has risen from 9.3% in 2010 to 11.6% in 2012.



WHS vs. Massachusetts: The following table compares Watertown High School statistics on Tobacco Use with the most recent published data compiled by the Massachusetts 2011 YRBS:

Watertown High School vs. Massachusetts - Tobacco Use					
Question	WHS 2012	WHS 2011	WHS 2010	MA 2011	MA-WHS Comparison
Ever smoked cigarettes	31.5%	34.5%	39.0%	39.0%	Lower than MA
Current cigarette use	15.1%	14.3%	17.2%	14.0%	Higher than MA
Smoked cigarettes before age 13	10.1%	10.1%	8.3%	7.0%	Higher than MA
Used smokeless tobacco, past 30 days	11.6%	10.4%	9.3%	7.0%	Higher than MA

Watertown High School

Weight and Weight Control

The CDC defines Body Mass Index (BMI) of greater than or equal to the 85th percentile but less than the 95th percentile for age and sex as overweight, and a BMI in the 95th percentile and above as obese.

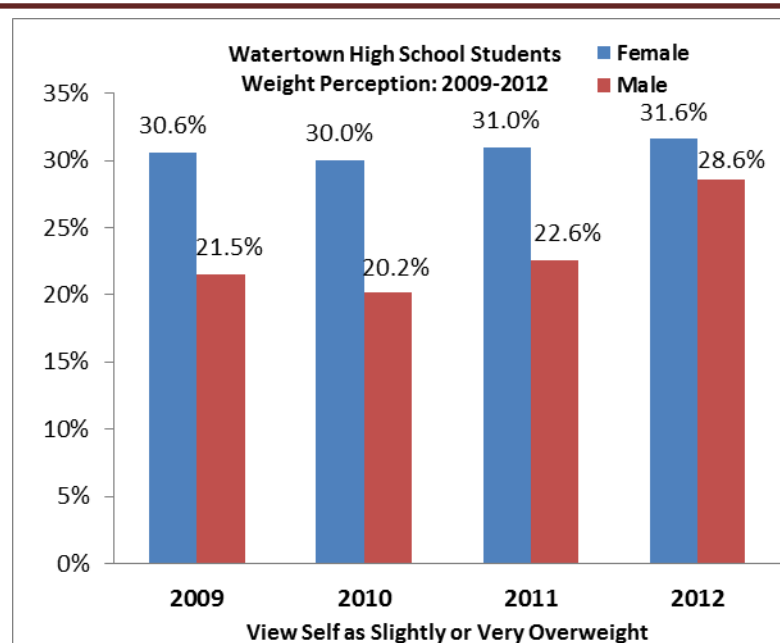
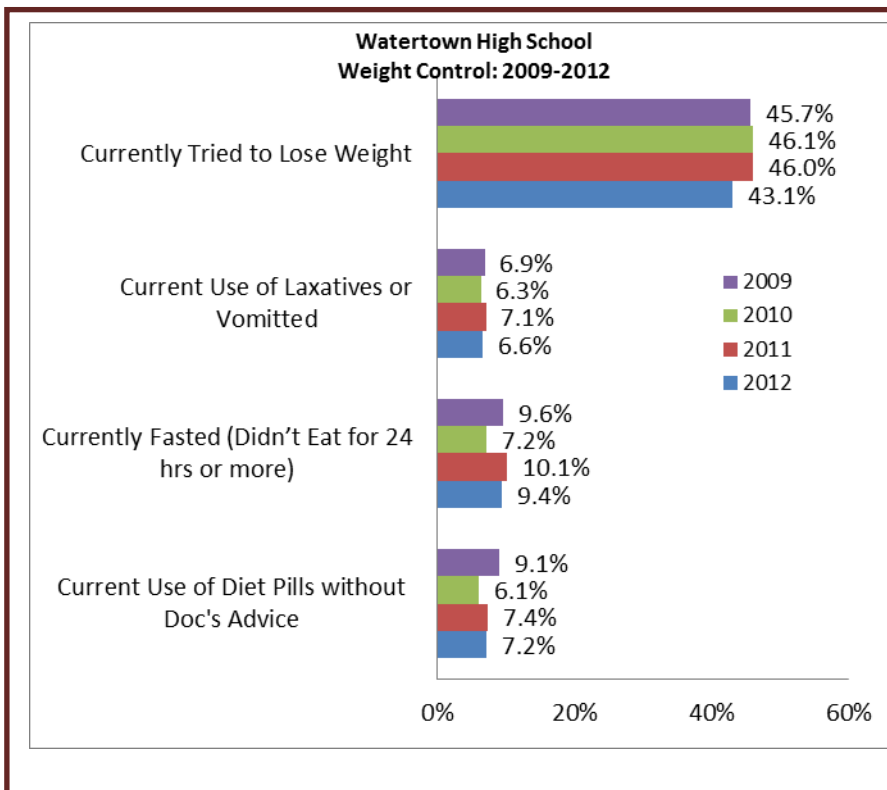
Watertown has a very active student population and muscle weighs more than fat, so it's important to note that BMI isn't always an indicator of health.

2012 Highlights

According to their BMI, calculated on the basis of self-reported height and weight, 27.7% are considered either at risk of being overweight or overweight.

Male students were less likely to perceive themselves as overweight than females (28.6% vs. 31.6%), and much less likely to report that they were trying to lose weight (31% vs. 56.9%).

When students were asked "What are the biggest challenges you are facing personally?" 33% of high school students said body image was their biggest personal challenge.



Students who used diet pills to lose weight were more likely to also report having been bullied than students who did not use diet pills (26.3% vs. 18%).

45% of Watertown High School students get at least 1 hour of moderate to vigorous physical activity 5 or more days a week. 20.5% get 0 to less than one hour of moderate to vigorous physical activity per day.

On an average school day, 17% report they do not watch any TV, whereas 23.7% watch 3 or more hours. Additionally, 19.4% do not use computers for non-related school uses, whereas 27.9% use them 3 or more hours a day.

Watertown High School

Body Image

Peer Pressure, Non-acceptance, Intolerance, and Bullying directly affect body image and how teens see themselves. Having a healthy body image is a crucial part of adolescence.

The following tips and advice are from www.womenshealth.gov:

Many teenage girls of average weight think they are overweight and are not satisfied with their bodies. Having extreme weight concerns – and acting on those concerns – can harm girls' social, physical, and emotional growth.

Your children pay attention to what you say and do – even if it doesn't seem like it sometimes. If you are always complaining about your weight or feel pressure to change your body shape, your children may learn that these are important concerns. If you are attracted to new "miracle" diets, they may learn that restrictive dieting is better than making healthy lifestyle choices. If you tell your daughter that she would be prettier if she lost weight, she will learn that the goals of weight loss are to be attractive and accepted by others.

Parents are role models and should try to follow the healthy eating and physical activity patterns that you would like your children to follow – for your health and theirs. Extreme weight concerns and eating disorders, as well as obesity, are hard to treat. Yet, you can play an important role in preventing these problems for your children.

Help Your Teen Develop A Healthy Body Image

- Make sure your child understands that weight gain is a normal part of development, especially during puberty.
- Avoid negative statements about food, weight, and body size and shape.
- Allow your child to make decisions about food, while making sure that plenty of healthy and nutritious meals and snacks are available.
- Compliment your child on her or his efforts, talents, accomplishments, and personal values.
- Watch television with your child and discuss the media images you see.
- Encourage your school to enact policies against size and sexual discrimination, harassment, teasing, and name-calling; support the elimination of public weigh-ins and fat measurements.
- Keep the communication lines with your child open.



Watertown High School

Bullying

The YRBS defines bullying as being repeatedly teased, threatened, hit, kicked, shunned, or excluded by another student or group of students and/or having belongings stolen or damaged. Bullying includes physical, verbal, cyber and cell phone interactions. *This report has documented that bullying and its consequences are often linked with statistically higher rates of most of the risk behaviors outlined here. Please refer to the other "Risk Areas" for specific data reported by students linking bullying to a higher incidence of alcohol and drug use, higher rates of depression and suicide and an increased frequency of risky sexual behaviors and weight control methods.*

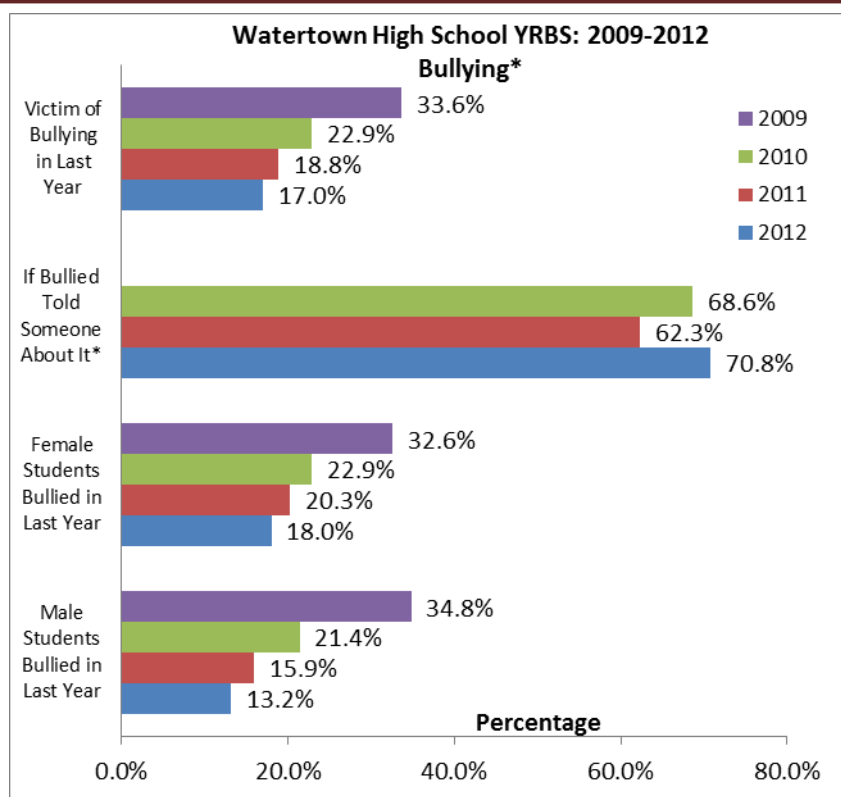
2012 Highlights

Overall, bullying in all forms has decreased in the last 3 years; students who were bullied were more likely to tell someone about it in 2012 (70.8% vs. 62.3% in 2011).

Students who have been bullied in the past year report that verbal attacks were the most prevalent (77.4%), followed by Internet bullying (Facebook, Instant Messenger) (30.1%), Cell phone (texting, calling) (24.7%) and physical confrontation (19.4%).

Monitor your youth's Internet and phone use!

Over HALF (54.8%) of students bullied reported that they were harassed through the Internet or their cell phones. It's important for parents to pay attention to what their youth is doing on these devices.



*Watertown High School utilizes the Olweus Bullying Prevention Program to reduce bullying behavior.

[Click here for more information](#)

Watertown High School

The Link between Bullying and Domestic Violence

Bullying and domestic violence are cyclical - those children who witness domestic violence are at a much higher risk of becoming both bullies and victims of bullying. Conversely, those children who bully or are victims of bullying (without any resolution or intervention by adults in their lives) end up learning social norms in relationships that can look a lot like domestic violence. In other words, if a bully learns that there are no consequences for his or her negative treatment of other children, they learn that this behavior is OK in all of their relationships, including relationships with dating partners or spouses later in life. Also, if a child always falls victim to bullying, with no outside help or intervention, this child may grow to feel that this is the best they deserve to be treated in their relationships - hence making them more vulnerable to domestic violence later in life.



A recent study from researchers at the University of Washington (UW) and Indiana University, found that children who were exposed to violence in the home engaged in higher levels of physical bullying than children who were not witnesses to such behavior.

"Children learn from seeing what their primary caregivers do. They are very attuned and very observant about what goes on in a household," said Dr. Nerissa Bauer, lead author of the study and a former UW pediatrician

"Parents are very powerful role models and children will mimic the behavior of parents, wanting to be like them. They may believe violence is OK and they can use it with peers. When parents engage in violence, children may assume violence is the right way to do things," she said.

<http://www.watertown.k12.ma.us/wps/bullying/index.html>

Watertown High School

Depression and Suicide

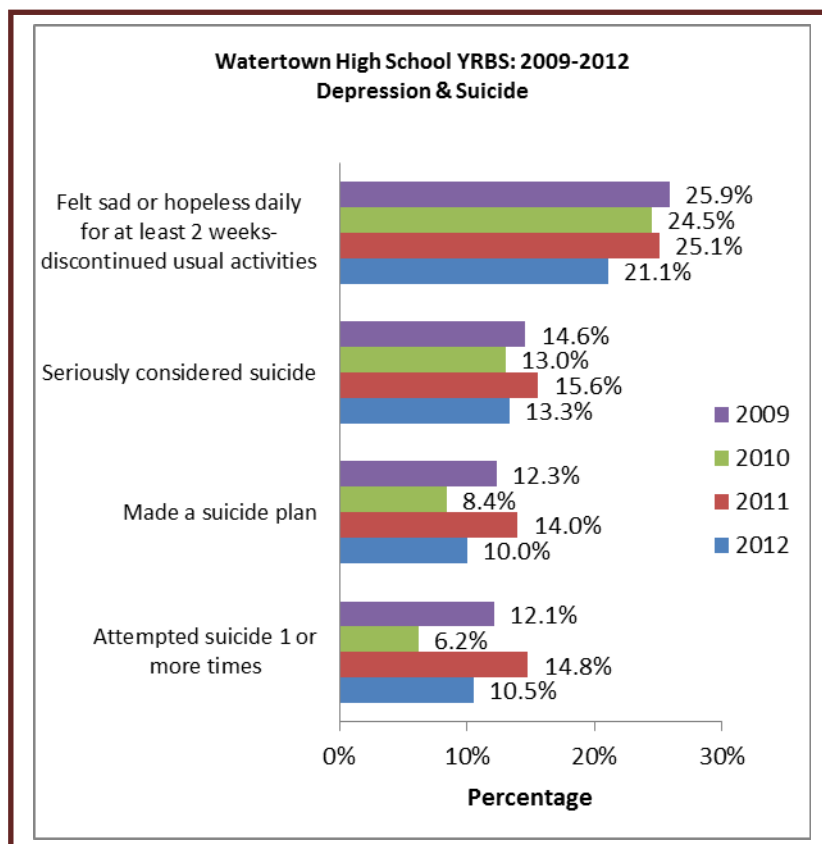
The prevalence of depression and suicide ideation, (i.e., suicidal thoughts and behaviors) among high school students are indicators of the mental health of this population.

2012 Highlights

Overall, 72 students (13.3%) in 2012 reported they seriously considered suicide and 54 (10%) made a suicide plan; this is a decrease from 2011 when 15.6% of students (82) reported seriously considering suicide and 14% (74) reported making a suicide plan.

In 2012, 21 out of 71 students (29.6%) reported requiring medical attention due to a suicide attempt in the past year.

In 2012, 57 students (10%) reported attempting suicide one or more times – a decrease from 2011 (79 students, 14.8%).



WHS vs. Massachusetts: The following table compares Watertown High School statistics on Depression and Suicide with the most recent published data compiled by the Massachusetts 2011 YRBS:


Watertown High School vs. Massachusetts - Depression and Suicide					
Question	WHS 2012	WHS 2011	WHS 2010	Mass 2011	MA-WHS Comparison
Seriously Considered Suicide	13.3%	15.6%	13.0%	13.0%	Higher than MA
Made a Suicide Plan	10.0%	14.0%	8.4%	12.0%	Lower than MA
Attempted Suicide One or More Times	10.5%	14.8%	6.2%	7.0%	Higher than MA

Watertown High School

SOS Signs of Suicide Program

"The SOS Signs of Suicide High School program was created to reduce suicide among adolescents. The program teaches our youth that suicide is a tragic, permanent solution to a temporary problem, and that problem is often depression," says Dr. Douglas Jacobs, MD, associate clinical professor of psychiatry at Harvard Medical School and founder and CEO of Screening for Mental Health, Inc. in Wellesley, MA. <http://www.mentalhealthscreening.org/enews/sosanni.aspx>. WHS includes the *SOS Signs of Suicide* program in its curriculum -- which highlights the following fact sheet:

SOS	WHAT TO DO When You See Any or All of the following symptoms: <i>ACT: Acknowledge, Care and Tell</i>
Acknowledge	<ul style="list-style-type: none"> • That you are seeing the signs of depression or suicide in a friend and that it is serious.
Care	<ul style="list-style-type: none"> • Let your friend know that you care about him or her and that you are concerned that he or she needs help you cannot provide.
Tell	<ul style="list-style-type: none"> • A trusted adult, either with your friend or on his or her behalf.
Signs:	<ul style="list-style-type: none"> • Loss of interest in school and regular activities • Withdrawal from friends and family • Feeling hopeless, worthless, angry or irritable • Feeling trapped, like there is no way out • Talking about death or making threats of suicide

	Experts Corner
Experts Corner	<p><i>Key points about risk and protective factors for suicide prevention</i></p> <ul style="list-style-type: none"> • Risk and protective factors play a critical role in the prevention of suicide for both individuals and communities • Risk factors are not warning signs • Major risk factors include prior suicide attempt(s), mood disorders, substance abuse, and access to lethal means • Major protective factors include effective mental health care, connectedness, problem-solving skills, and contacts with caregivers • Risk and protective factors provide targets for intervention in both individuals and communities: Decreasing risk factors and increasing protective factors generally decreases risk • Risk and protective factors vary between individuals and across settings • Suicide prevention efforts should begin with a strategic planning process that, among other goals, identifies and targets specific risk and protective factors for intervention

HHS, SAMHSA and the National Suicide Prevention Lifeline Collaborate with [Facebook](#) to Provide a First-of-a-Kind Service To Help Prevent Suicides...The new service enables Facebook users to report a suicidal comment they see posted by a friend to Facebook using either the [Report Suicidal Content link](#) or the report links found throughout the site. The person who posted the suicidal comment will then immediately receive an email from Facebook encouraging them to call the National Suicide Prevention Lifeline. <http://www.samhsa.gov/newsroom/advisories/1112125820.aspx>

◀ Suicide Prevention Resource Center, & Rodgers, P. (2011). *Understanding risk and protective factors for suicide: A primer for preventing suicide*. Newton, MA: Education Development Center, Inc.

Watertown High School

Sexual Behaviors

"Research shows that well-designed, well-implemented school-based HIV/ STD prevention programs can significantly reduce sexual risk behaviors among students. Sexual health education programs resulted in a delay in first sexual intercourse, a decrease in the number of sex partners, and an increase in condom or contraceptive use." (Centers for Disease Control)

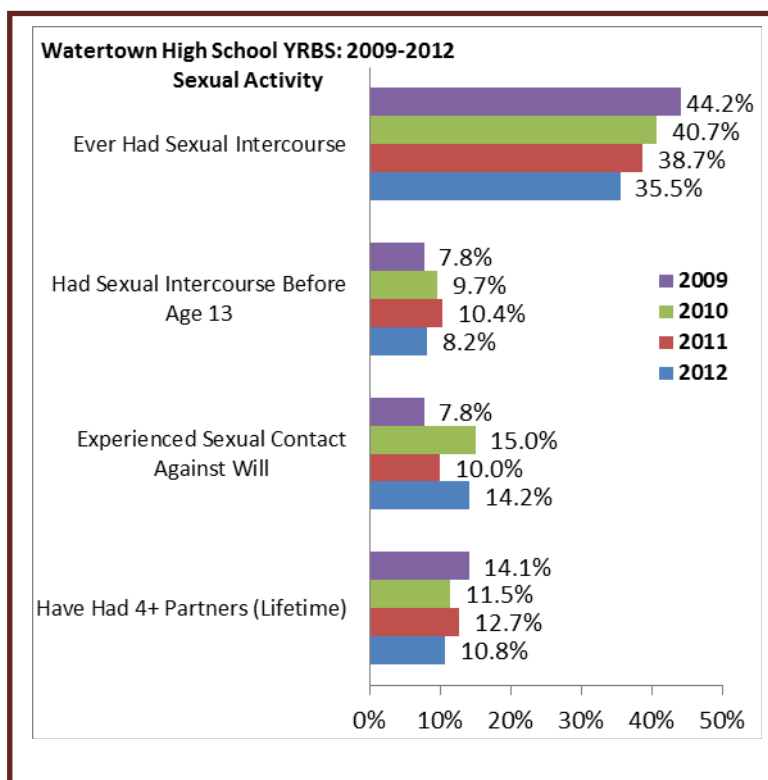
2012 Highlights

In 2012, about a third of all high school students (35.5%) reported having ever had sexual intercourse; 10.8% of students reported having four or more partners in their lives.

83.6% of high school students reported receiving HIV/AIDS education in school, and more than half (59.9%) reported using a condom at last intercourse; down from 2011 (64.9%).

37.7% of students reported that they drank alcohol or used drugs at last intercourse.

Communication between parents and their children is a protective factor for early sexual encounters: 79.1% of students who reported having sexual intercourse before age 13 don't go to parents/guardians with problems -- compared to 20.9% of students who do go to parents/guardians with problems.



*There is a relationship between early sexual intercourse and experiencing sexual contact against their will.

WHS vs. Massachusetts: The following table compares Watertown High School statistics on Sexual Behavior with the most recent published data compiled by the Massachusetts 2011 YRBS:

Watertown High School vs. Massachusetts - Sexual Behavior					
Question	WHS 2012	WHS 2011	WHS 2010	Mass 2011	MA-WHS Comparison
Ever had sexual intercourse	35.5%	38.7%	40.7%	42.0%	Lower than MA
Had Sexual Intercourse before Age 13	8.2%	10.4%	9.7%	4.0%	Higher than MA
Used a Condom at Last Intercourse	59.9%	64.9%	63.3%	58.0%	Higher than MA
Drank Alcohol or Used Drugs at Last Intercourse	37.7%	39.9%	30.3%	23.0%	Higher than MA
Taught about HIV/AIDS in School	83.6%	90.0%	87.0%	84.0%	Lower than MA

Watertown High School

Perceptions of Harm

Watertown High School students were asked about their perceptions of harm related to substance use. This information is useful for planning strategies to guide health educators and help Watertown Youth Coalition in its prevention planning efforts. This report elaborates on this in the [WYC: We Hear You](#) section of this report.

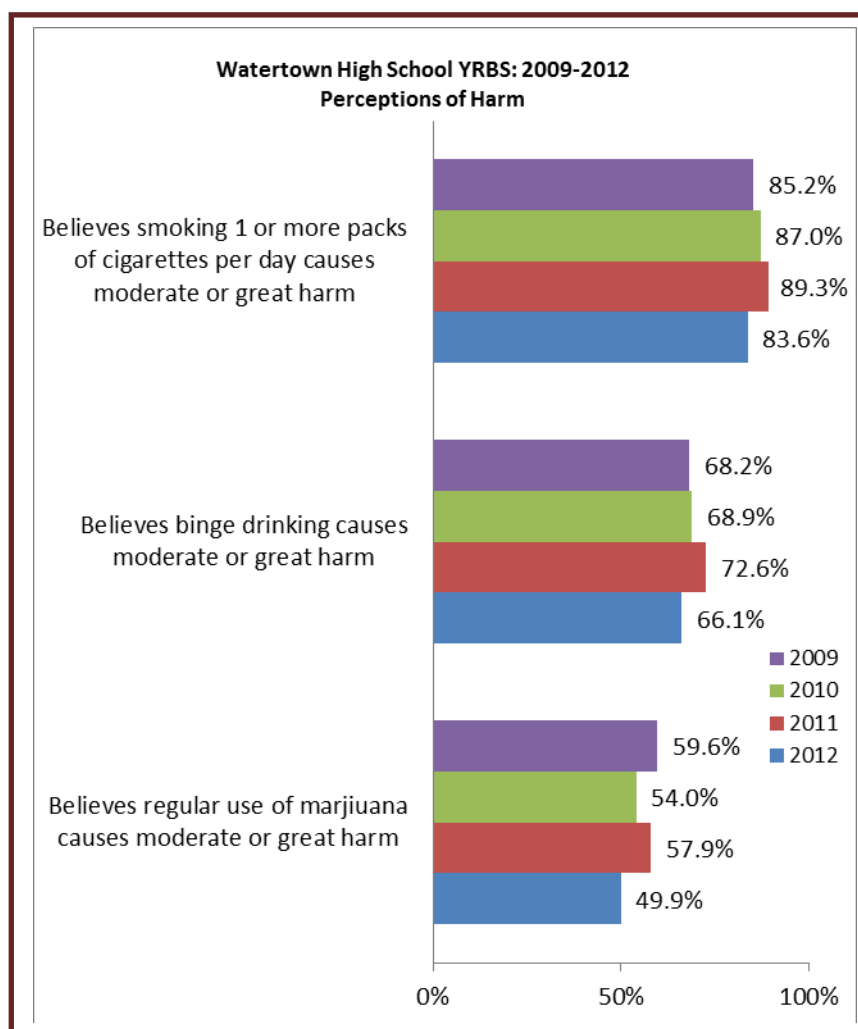
2012 Highlights

In 2012, about two thirds of High School students reported that they believe that people who binge drink (five or more drinks once or twice a week) risk harming themselves (physically or in other ways) moderately or greatly.

Perceptions of risk from binge drinking, cigarette use, and marijuana use all decreased from 2010.

Girls are about 50% more likely to report that alcohol and marijuana cause moderate or great harm.

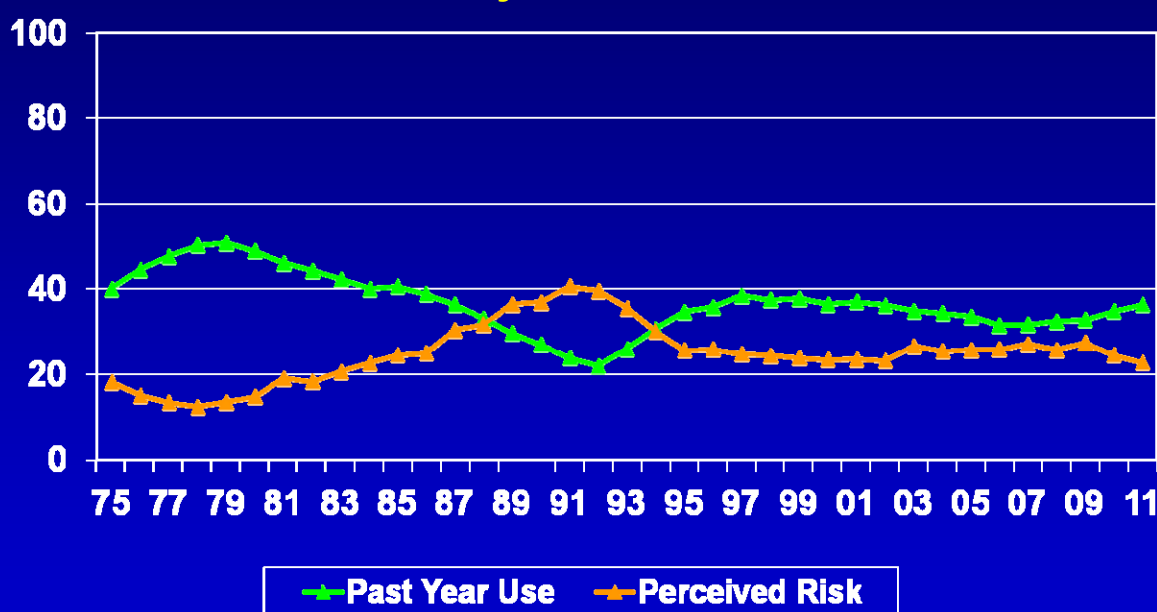
High school students on sports teams are about 77% more likely to report that alcohol causes moderate or great harm. However, these students are no less likely to report drinking or binge drinking.



Watertown High School

Perceptions of Harm

12th Graders' Past Year Marijuana Use vs. Perceived Risk of Occasional Marijuana Use



SOURCE: University of Michigan, 2011 Monitoring the Future Study

The 2011 Monitoring the Future Survey reports that 22.7 percent of U.S. high school seniors thought that there was a great risk of harm from smoking marijuana occasionally, down from 26.6 percent in 2003. States that have “medical” marijuana programs have among the lowest perceptions of harm among youth in the nation.¹

States with “medical” marijuana laws have higher rates of marijuana use than states without such laws.²

¹Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (December 14, 2011). University of Michigan, 2011 Monitoring the Future Study

²Substance Abuse and Mental Health Services Administration (SAMHSA), State Estimates from the 2008- 2009 National Surveys on Drug Use and Health www.cadca.org/.../MedicalMarijuanaLegalizationPositionStatement2

Watertown High School

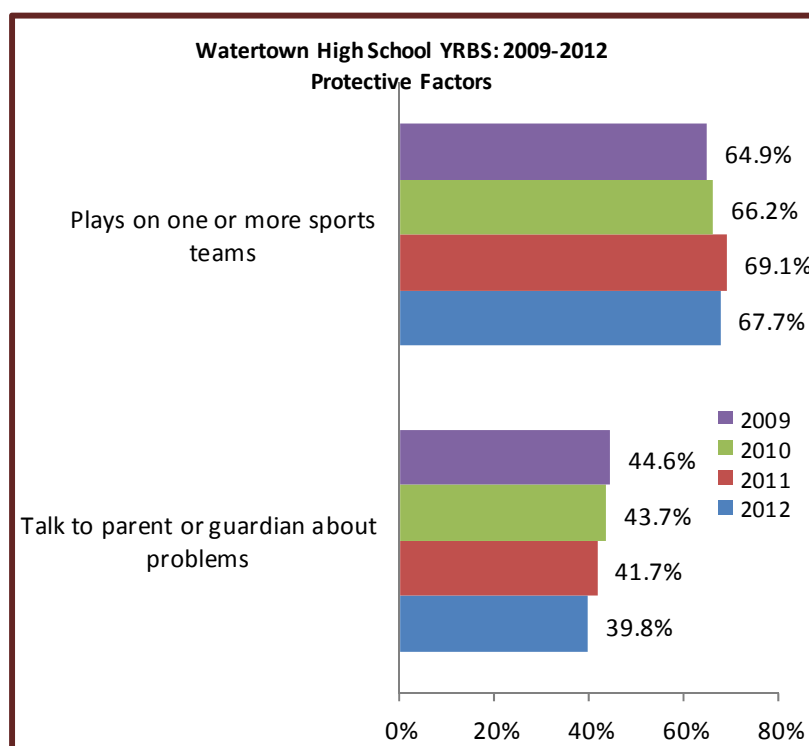
Protective Factors

The YRBS uses the term “*protective factors*” to describe influences, or experiences that help young people become more resilient, resist pressures to engage in dangerous activities, and develop healthy lifestyles. The strength of these influences and experiences is often a key indicator as to how students will respond to the multiple challenges they face throughout the year. This report further explores some of these influences and experiences in [The Big Picture](#) section of this report.

2012 Highlights

Although connection to caring adults at school is a protective factor, only 7.3% of students reported that they have a teacher/guidance counselor or someone at school to talk to about things that are important to them. This is an issue that is currently being addressed at the high school.

Academic achievement is a protective factor. 77.0% of high school students report receiving mostly A's and B's. Please see [student handbook](#) for a list and explanation of academic supports offered in the high school.



Watertown High School

Students At Increased Risk

Although lesbian, gay, bisexual, Transgendered and questioning (LGBTQ) youth consist of a relatively small group (49 of 541 students or 9%), they are at a higher risk for many risk behaviors on the YRBS including alcohol, cigarette and drug use, depression and suicide, bullying, risky sexual behavior, and diet pill use. Efforts to promote acceptance, respect and support for these and other students are included in the [WYC: We Hear You](#) section of this report.

2012 Highlights

A larger percentage of LGBTQ students (55.3%) reported drinking alcohol in the past 30 days, compared to straight students (33.9%).

More LGBTQ students also reported binge drinking in the past 30 days than straight students (44.9% vs. 19.2%).

More LGBTQ youth reported ever smoking cigarettes than straight youth (42.2% vs. 30.7%).

A higher percentage of LGBTQ students report trying illicit drugs than their straight peers, such as cocaine (39.6% vs. 6.5%), inhalants (29.8% vs. 7.6%), OTC meds (40% vs. 4.8%) and prescription pain relieving drugs (34% vs. 7.4%).

LGBTQ youth were more than three times as likely to be depressed as straight youth (55.8% vs. 17.8%).

LGBTQ youth were also more than four times more likely to consider suicide (46.7%) than their straight peers (10.1%).

LGBTQ students were more than twice as likely to be bullied compared to straight students (34% vs. 15.1%). LGBTQ students were six times more likely than their straight peers to use diet pills to lose weight (22.7% vs. 5.5%).



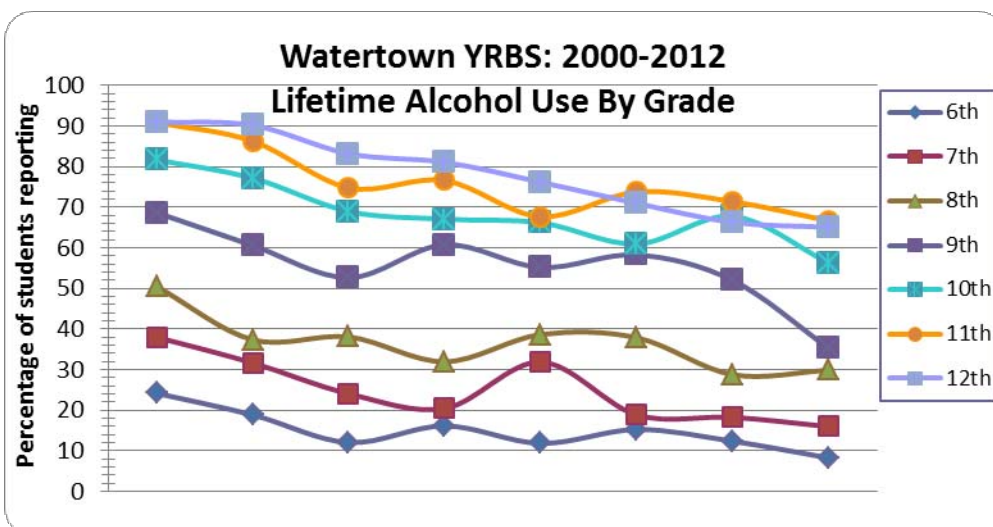
“Perhaps the most crucial finding is that both the school and the home environment are able to protect LGB and questioning students. Not all students who identify themselves as LGB or questioning will suffer high rates of depression and drug use when families or schools are supportive of their sexual orientation.”

Dr. Dorothy Espelage,
University of Illinois Urbana-
Champaign

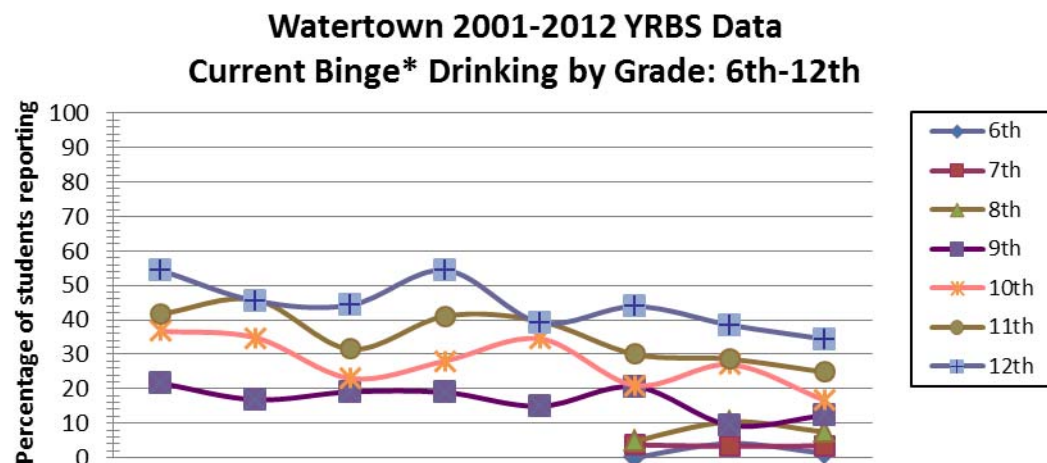
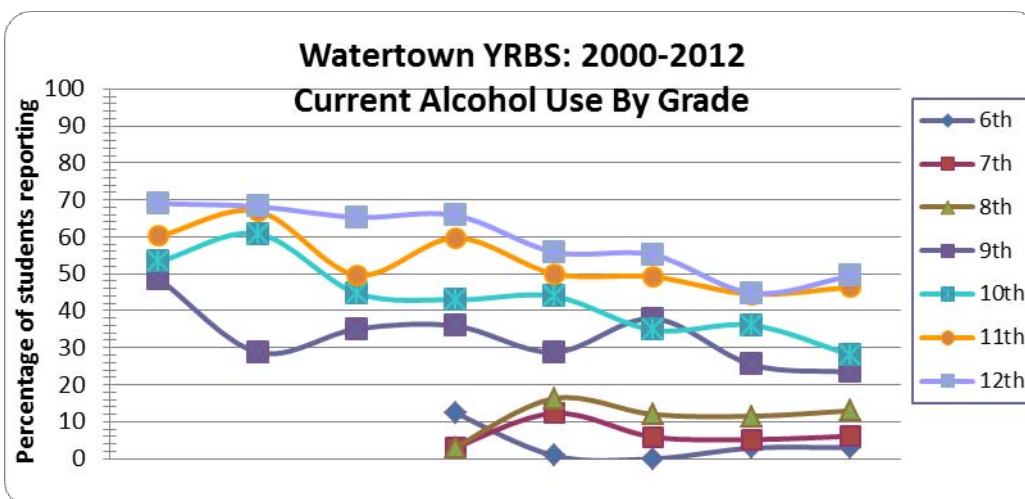


Watertown High and Middle School

Use of Alcohol Over Time by Grade



***Important Information**
Please refer to this ["Substance Abuse Prevention Guide for Parents"](#) to increase your understanding of how to approach the subject of substance use with your child



Watertown Middle School

What Middle School Students Report

Introduction

This section of the Well-Being of Watertown Youth explores what middle school students reported in the 2011 YRBS. The statistics presented here cover the same 'risk areas' presented in the High School section above and include *Alcohol Use, Marijuana Use, Other Illicit Drug Use, Tobacco Use, Weight and Weight Control, Bullying, Depression and Suicide, and Sexual Behaviors* as well as a section on *Protective Factors*. To emphasize the importance of protective factors, which contribute to youth engagement in healthy behaviors, see [The Big Picture](#) section of this report.

Results presented here show continued improvements in many important areas, especially some indicators of alcohol use, tobacco use and bullying, which all report declines. It is important to note however, that although many of the statistics reported remain very low, and trends appear mixed, many risk behaviors begin in middle school -- and thus require continued attention. For instance, in 2012, middle school students reported trying inhalants (6.3%), binge drinking (6%) and having smoked cigarettes in the past 30 days (4%) - all increases over 2011 reports. Middle school students also were more likely to report having been bullied than high school students in 2012 (27.8% vs.17%), although this shows a downward trend from 2011.

Also in 2012, a majority of students reported on a number of protective factors that help protect them against risky behavior. More than half of all middle school students (54%) reported that they have a parent or adult family member to talk to about things that are important to them.

Continued efforts to address these issues and promote the well being of all Middle School students are a priority and can be found in the [WYC: We Hear You](#) section of this report.

Watertown Middle School

Demographic Characteristics

Demographic Characteristics of 2011 Surveyed Middle School Students			
		Number	Percentage
Total Valid Surveys		483	100.0%
Gender	Female	245	50.9%
	Male	228	47.4%
	Transgender*	8	1.7%
Race & Ethnicity**	White/Caucasian	236	49.9%
	Hispanic or Latino	80	16.9%
	Armenian	60	12.7%
	Other	52	11.0%
	Asian	35	7.4%
	Middle Eastern	32	6.8%
	Black	30	6.3%
	American Indian or Alaskan Native	6	1.3%
<p>*Middle School students who described themselves as being transgender are a relatively small group (8 out of 483 students) however, it is important to note that they are at higher risk for alcohol, tobacco and other drug use, depression and suicide attempts, being bullied, and risky sexual behavior. Although this report does not focus specifically on the findings of transgendered students, it is important to acknowledge this group to ensure that they too are provided a safe and healthy environment.</p>			
<p>**Race & Ethnicity are combined into one question, and respondents could select more than one</p>			

YRBS Student Population Included in this Report

- In 2012, 84% of Middle School students took the YRBS (483 out of 577 students)
- In 2011, 86.5% of Middle School students took the YRBS (501 out of 579 students)
- In 2010, 95.5% of Middle School students took the YRBS (554 out of 580 students)
- In 2009, 84.6% of Middle School students took the YRBS (471 out of 557 students)

Watertown Middle School

Alcohol Use

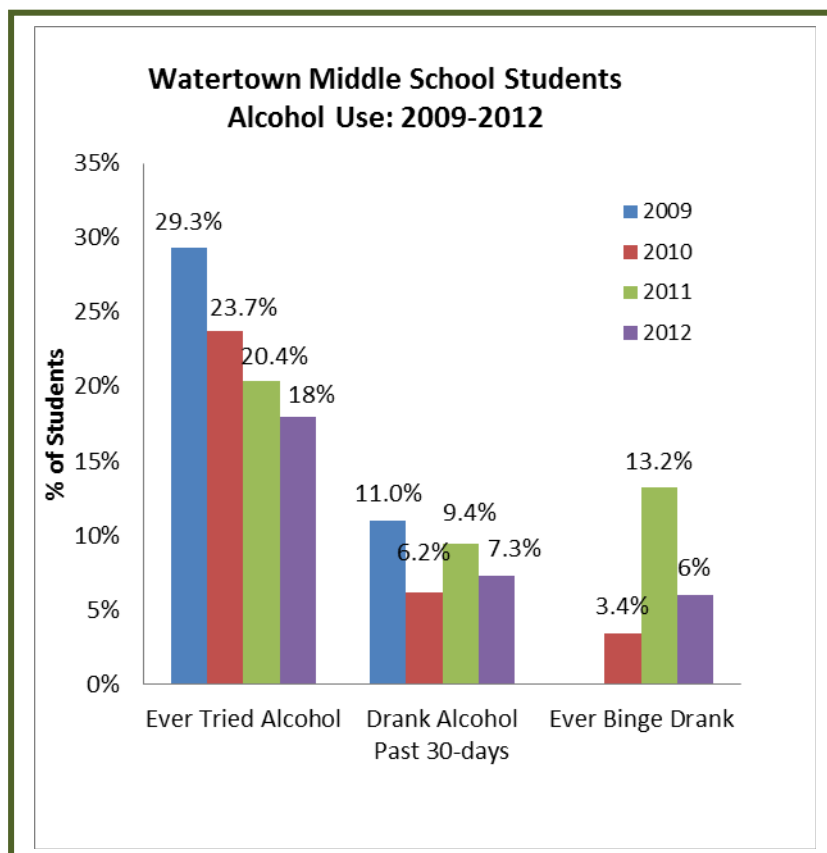
The YRBS definition of Alcohol includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. The YRBS does not include drinking a few sips of wine for religious purposes part of this definition.

2012 Highlights

Overall, there has been a significant downward trend in lifetime alcohol use among Middle School students from 2010 (23.7%) to 2011(20.4%) to 2012 (18%); also lifetime binge drinking decreased more than half from 13.2% in 2011 to 6% in 2012.

More males than females reported trying alcohol in 2012 (21.8% vs. 13.2%).

93% of students who played on at least one sports team did not use alcohol and 92% of students who did not play on at least one sports team did not report alcohol use. Sports involvement shows little difference at this age group.



The following table shows improvement in lifetime and current drinking behaviors for 2012:

Watertown Middle School vs. Massachusetts - Alcohol Use*					
Question	WMS 2012	WMS 2011	WMS 2010	Mass 2011	MA-WMS Comparison
Current Alcohol Use	7.3%	9.4%	6.2%	8% Lower	than MA
Lifetime Alcohol Use	18%	20.4%	23.7%	20% Lower	than MA

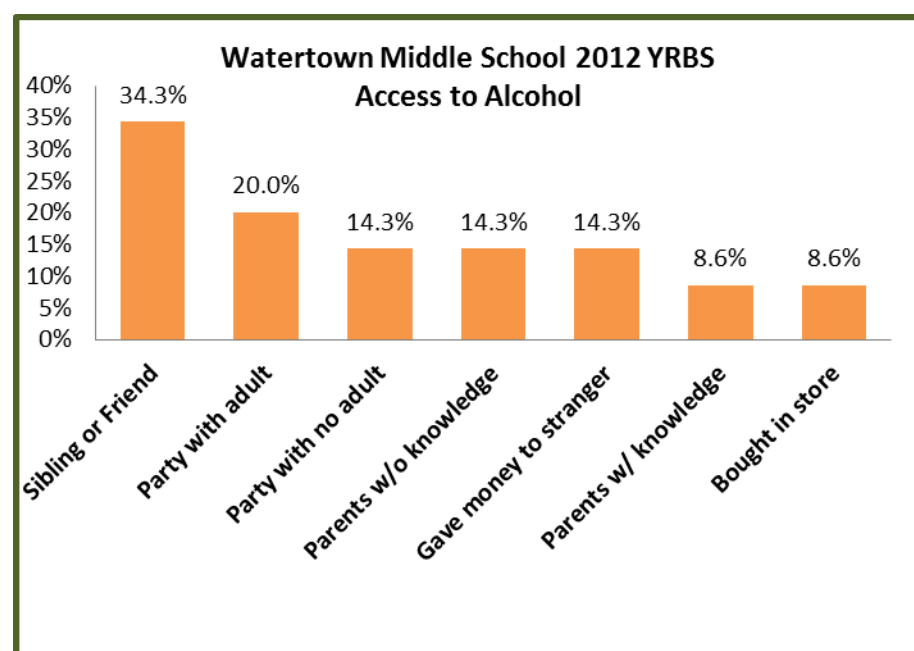
*The comparison chart above compares WMS statistics on Alcohol Use with the most recent published data compiled by the Massachusetts YRBS from 2011.

Watertown Middle School

Access To Alcohol

Access refers to where and how teens get alcohol and other drugs. Underage drinking is a significant public health issue that affects the health and well being of youth, and takes a heavy physical and emotional toll on their families and the community. Increased alcohol use is associated with the perception that it is easy to obtain, regardless of whether the perception is accurate. Community programs that address some of these perceptions can be found in the [WYC: We Hear You](#) section of this report.

Accessibility Factors:



Accessibility Factors

For those middle school students reporting 30-day use of alcohol (7.3%), they report their primary access to alcohol was from a sibling or a friend (34.3%). 20.0% reported getting alcohol at a party with an adult present, while 8.6% reported getting it from parents with their consent.

The more available alcohol (as well as tobacco and other drugs) is, the higher the risk is that young people will use it. See [WYC: We Hear You](#) in this report for more information.

“Our brains go through important transformations during adolescence... Alcohol use during the adolescent years is associated with damage to memory and learning capabilities as well as to the decision-making and reasoning areas in the brain.”

Dr. Sandra Brown, chief of psychology services at the



Watertown Middle School

Marijuana Use

"Marijuana intoxication can cause distorted perceptions, impaired coordination, difficulty with thinking and problem solving, and problems with learning and memory. Research has shown that, in chronic users, marijuana's adverse impact on learning and memory can last for days or weeks after the acute effects of the drug wear off." (National Institute on Drug Abuse)

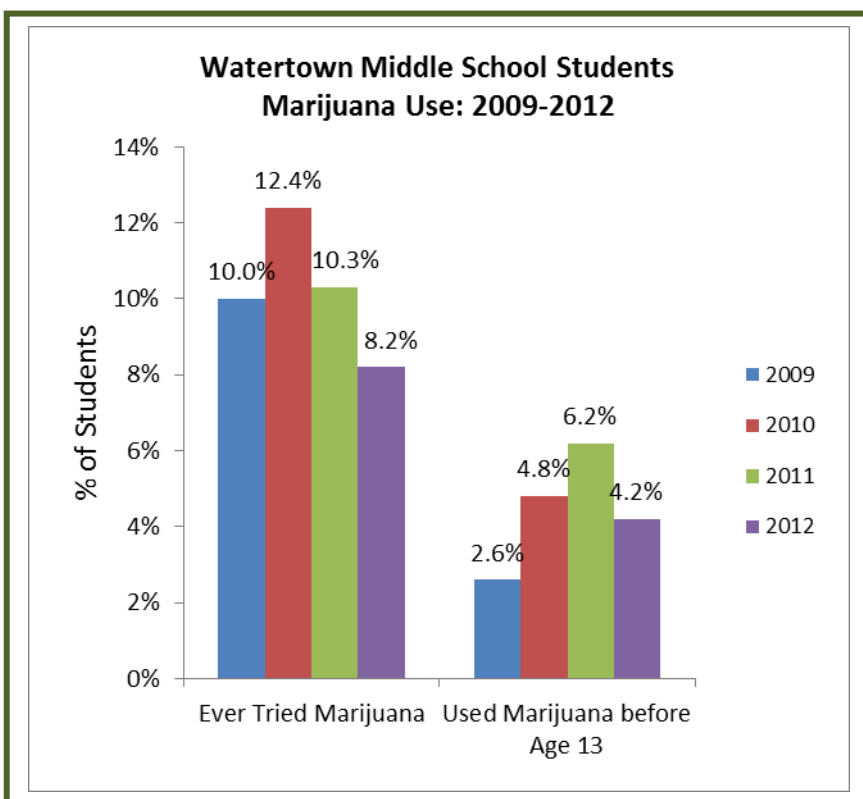
2012 Highlights

Overall, marijuana use reported by Middle School students remains very low, with 91.8% of students reporting that they have never tried it.

8.2% of all middle school students reported trying marijuana in their lifetime, which is less than reported in 2011 (10.3%).

Male students were two times more likely than females to have reported trying marijuana in 2012 (11.6% vs. 4.5%).

More Lesbian, Gay, Bisexual and Questioning (LGBQ) students reported trying Marijuana than their straight peers (26.2% vs. 6.8%).



WMS vs. Massachusetts

The following table compares select Watertown Middle statistics on Marijuana Use with the most recent published data compiled by the Massachusetts YRBS from 2011:

Watertown Middle School vs. Massachusetts - Marijuana Use					
Question	WMS 2012	WMS 2011	WMS 2010	Mass 2011	MA-WMS Comparison
Ever Tried Marijuana	8.2%	10.3%	12.4%	8%	Higher than MA

Watertown Middle School

Other Illicit Drug Use

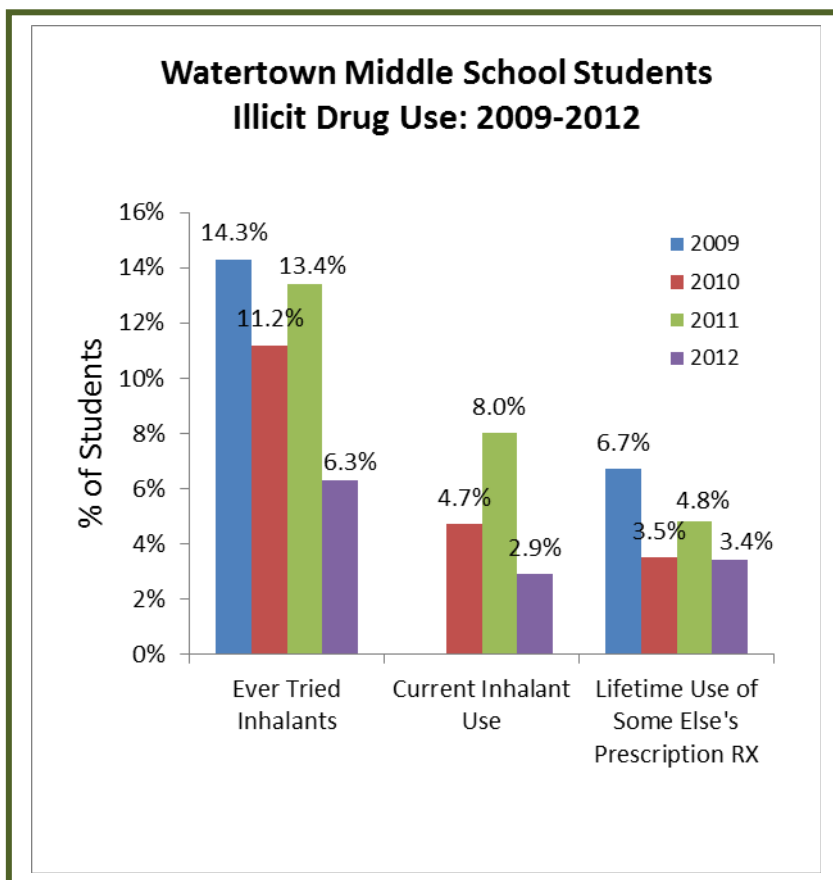
The YRBS definition of “Other Illicit Drugs” includes inhalants, heroin, cocaine, amphetamines, methamphetamines, ecstasy, use of “someone else’s prescription” drugs and use of over-the-counter (OTC) medicine to get high.

2012 Highlights:

2012 showed decreased rates of illicit drug use from 2011 in: using someone else’s prescription drugs (3.4% vs. 4.8%), using over-the-counter (OTC) medication to get high (3.6% vs. 6.1%) and using inhalants (6.3% vs. 8%).

Lifetime and current inhalant use has decreased significantly from 2011 to 2012. Since inhalant use has the potential to cause death after first time use the dangers of using these poisons should be made aware to all parents.

For information on how to dispose of unwanted prescription or over-the-counter medication, please see ‘Other Illicit Drug Use’ page in the High School section.



WMS vs. Massachusetts

The following table compares select Watertown Middle School statistics on Illicit Drug Use with the most recent published data compiled by the Massachusetts YRBS from 2011:

Watertown Middle School vs. Massachusetts - Illicit Drug Use					
Question	WMS 2012	WMS 2011	WMS 2010	Mass 2011	MA-WMS Comparison
Lifetime Use of someone else’s Rx meds to get high	3.4%	4.8%	3.5%	4%	Lower than MA
Lifetime using OTC meds to get high	3.6%	5.8%	3.5%	2%	Higher than MA

Watertown Middle School

Tobacco Use

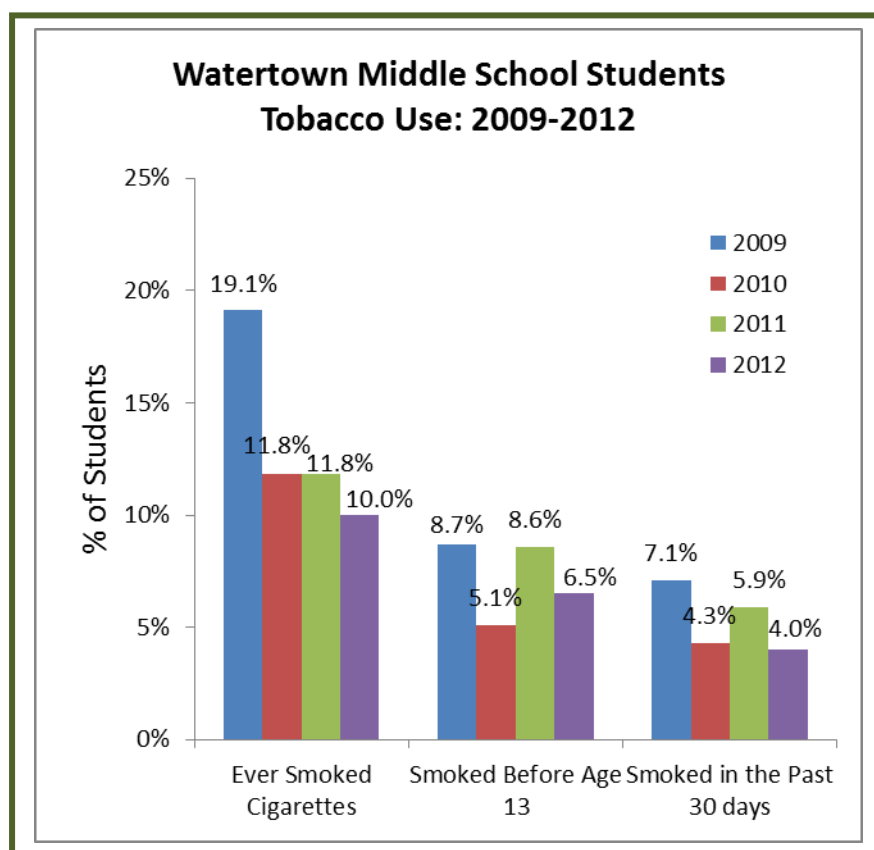
"Prevention efforts must focus on both adolescents and young adults because among adults who become daily smokers, nearly all first use of cigarettes occurs by 18 years of age (88%), with 99% of first use by 26 years of age." (Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General, 2012 U.S. Department of Health & Human Services)

2012 Highlights

90% of students report that they have never tried tobacco, which represents a significant downward trend from 2010

Lifetime cigarette smoking has significantly declined since 2009, when 19.1% of students reported having tried cigarettes, down to 11.8% in both 2010 and 2011 and 10% in 2012.

12.8% of males reported trying cigarettes as compared to 5.8% of female classmates.



WMS vs. Massachusetts

The following table compares select Watertown Middle School statistics on Tobacco Use with the most recent published data compiled by the Massachusetts YRBS from 2011:

Watertown Middle School vs. Massachusetts - Tobacco Use					
Question	WMS 2012	WMS 2011	WMS 2010	Mass 2011	MA-WHS Comparison
Lifetime Cigarette Use	10%	11.8%	11.8%	10%	Same as MA
Current Cigarette Use	4%	5.9%	4.3%	3% Higher	than MA

Watertown Middle School

Weight and Weight Control

The CDC defines Body Mass Index (BMI) of greater than or equal to the 85th percentile but less than the 95th percentile for age and sex as overweight, and a BMI in the 95th percentile and above as obese.

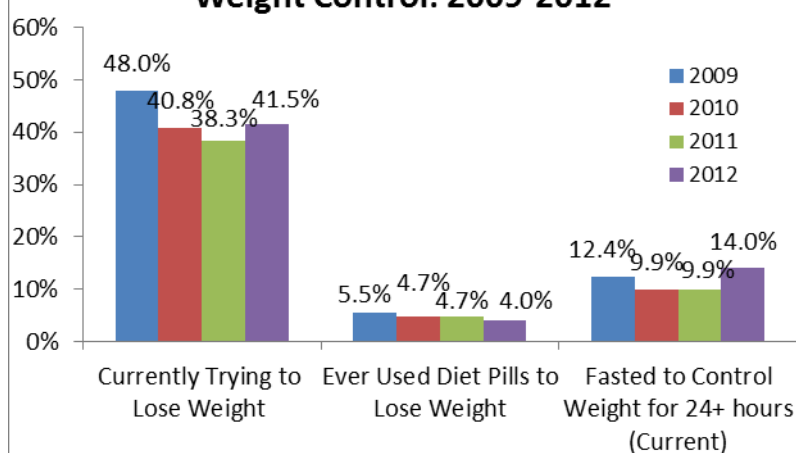
Watertown has a very active student population and muscle weighs more than fat, so it's important to note that BMI isn't always an indicator of health.

2012 Highlights

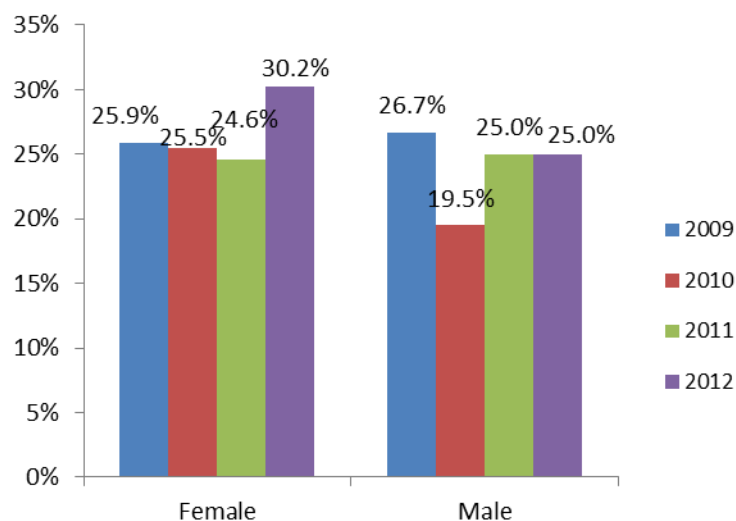
According to their BMI, calculated on the basis of self-reported height and weight, 17.9% of students were at risk of being overweight, and 12.4% were overweight.

Male students were more likely than female students to be overweight (14.1% vs. 10.9%); however they were much less likely to report that they were trying to lose weight (32.4% vs. 50.4%).

**Watertown Middle School
Weight Control: 2009-2012**



**Watertown Middle School
Weight Control: 2009-2012**



View Self as Slightly to Very Overweight

A higher percentage of students who were trying to lose weight also reported experiencing academic stress (70.2% vs. 61%) than those who reported not trying to lose weight.

Students who were using diet pills to lose weight were more likely to report also being bullied in the last year than students who did not use diet pills (55.6% vs. 26.2%).

35% of middle school students report that body image was their biggest personal challenge. Please see HS Weight Control section for tips on how to be a body-positive role model and help youth have a healthy body image.

Watertown Middle School

Bullying

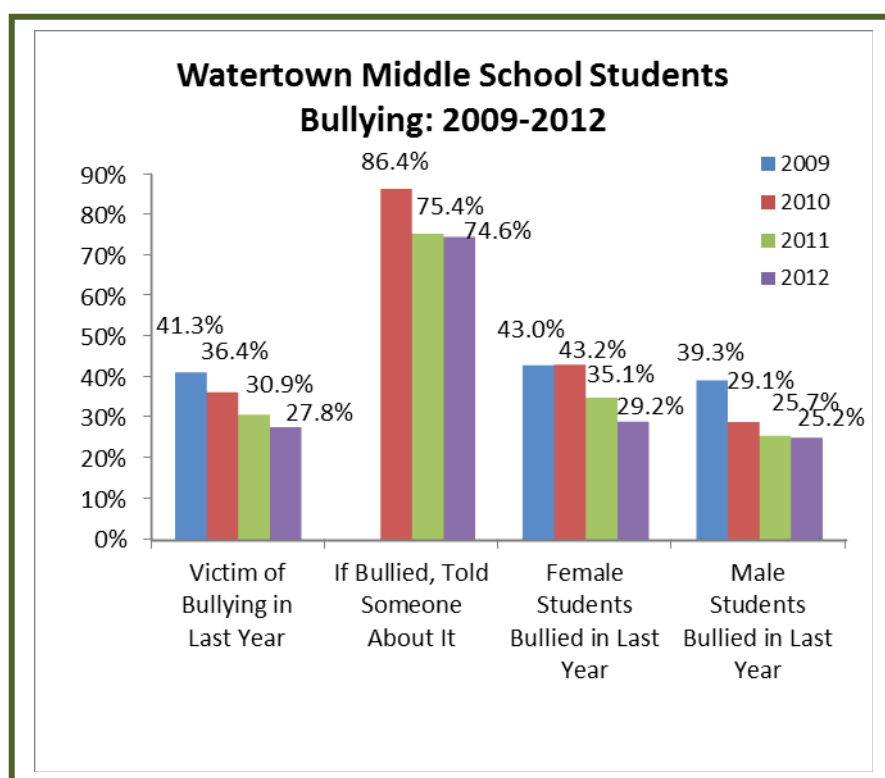
The YRBS defines bullying as being repeatedly teased, threatened, hit, kicked, shunned, or excluded by another student or group of students and/or having belongings stolen or damaged. Bullying includes physical, verbal, cyber and cell phone interactions. *This report has documented that bullying and its consequences are often linked with statistically higher rates of most of the risk behaviors reported on in this report. Please refer to the other "Risk Areas" for specific data reported by students linking bullying to a higher incidence of alcohol and other drug use, higher rates of depression and suicide and an increased frequency of risky sexual behaviors and weight control methods.*

2012 Highlights

Bullying in general has decreased over the past 3 years, but students who were bullied were still less likely to tell someone about it in 2012 (74.6% vs. 75.4% in 2011).

Students who have been bullied in the past year report that verbal attacks were the most prevalent (72%), followed by Internet bullying (Facebook, Instant messenger) (25%), physical confrontation (17.4%).

Female students report a higher rate of being bullied in the past year (29.2%) than male (25.2%) classmates.



“For the first time, Massachusetts health authorities included questions about bullying in [the 2009 YRBS]... and the findings not only define the scope of the problem, but also suggest the cause. Most notable was the link between violence at home and bullying at school.”

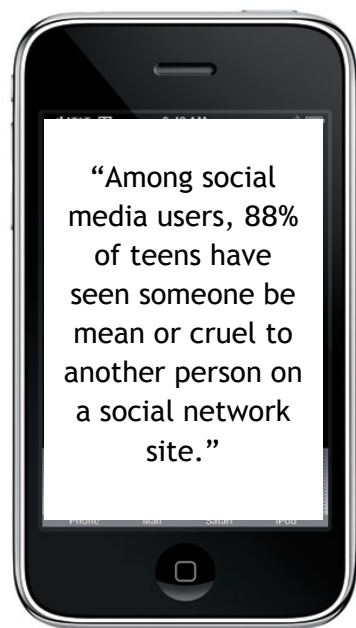
[For more information](#)

Massachusetts

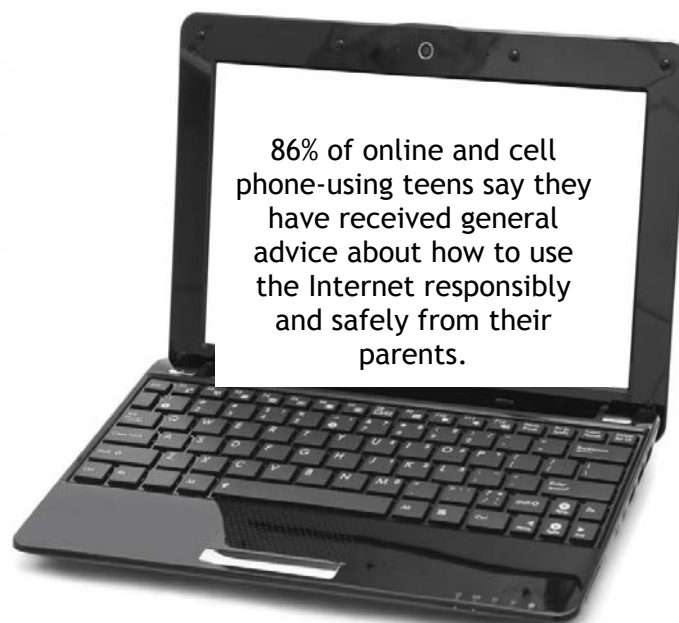
Update

Watertown Middle School

Bullying Prevention and Intervention



(From the Pew Internet & American Life Project)



Monitor your youth's Internet use!

Although verbal and physical bullying have *decreased* from 2011 to 2012 (21.6% vs. 20.8% and 5.9% vs. 5.5%, respectively), cyber bullying (5.7% vs. 7.2%) and cell phone bullying (4.7% vs. 4.8%) have *increased*.



For Watertown School Policy on "Bullying Prevention & Intervention" please visit:

<http://www.watertown.k12.ma.us/wps/bullying/index.html>

WMS vs. Massachusetts

The following table compares select Watertown Middle School statistics on Bullying with the most recent published data compiled by the 2011 Massachusetts YRBS:

Watertown Middle School vs. Massachusetts - Bullying					
Question	WMS 2012	WMS 2011	WMS 2010	Mass 2011	MA-WMS Comparison
Female Students Bullied within the Past Year	29.2%	35.1%	43.2%	40%	Lower than MA
Male Students Bullied within the Past Year	25.2%	25.7%	29.1%	32%	Lower than MA

Watertown Middle School

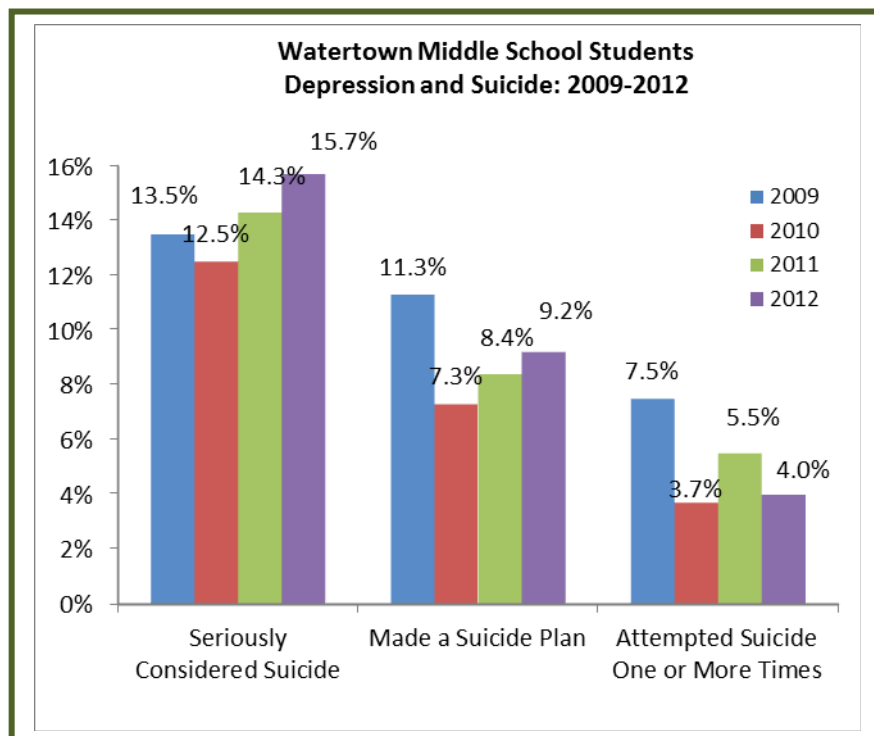
Depression and Suicide

The prevalence of depression and suicide ideation, (i.e., suicidal thoughts and behaviors) among Middle School students are indicators of the mental health of this population.

2012 Highlights:

Overall, 75 students (15.7%) in 2012 reported they seriously considered suicide, and 44 (9.2%) made a suicide plan; an increase over 2011, when 70 students (14.3%) seriously considered suicide and 42 (8.4%) made a suicide plan.

In 2012, 19 students (4%) reported attempting suicide one or more times; a decrease from 2011 when 27 students (5.5%) reported attempting suicide one or more times.



WMS vs. Massachusetts

The following table compares select Watertown Middle School statistics on Depression and Suicide with the most recent published data compiled by the Massachusetts YRBS from 2011:

Watertown Middle School vs. Massachusetts - Depression and Suicide					
Question	WMS 2012	WMS 2011	WMS 2010	Mass 2011	MA-WMS Comparison
Attempted Suicide One or More Times in Past Year	4.0%	5.5%	3.7%	4.0%	Same as MA

WMS includes "SOS Signs of Suicide" program in its curriculum -- which highlights the following fact sheet:

SOS

WHAT TO DO When You See Any or All of the following symptoms:
ACT: Acknowledge, Care and Tell

Acknowledge

- That you are seeing the signs of depression or suicide in a friend and that it is serious.

Care

- Let your friend know that you care about him or her and that you are concerned that he or she needs help you cannot provide.

Tell

- A trusted adult, either with your friend or on his or her behalf.

Signs:

- Loss of interest in school and regular activities
- Withdrawal from friends and family
- Feeling hopeless, worthless, angry or irritable
- Feeling trapped, like there is no way out
- Talking about death or making threats of suicide

Watertown Middle School

Sexual Behaviors

"Research shows that well-designed, well-implemented school-based HIV/ STD prevention programs can significantly reduce sexual risk behaviors among students. Sexual health education programs resulted in a delay in first sexual intercourse, a decrease in the number of sex partners, and an increase in condom or contraceptive use." (Center for Disease Control)

2012 Highlights:

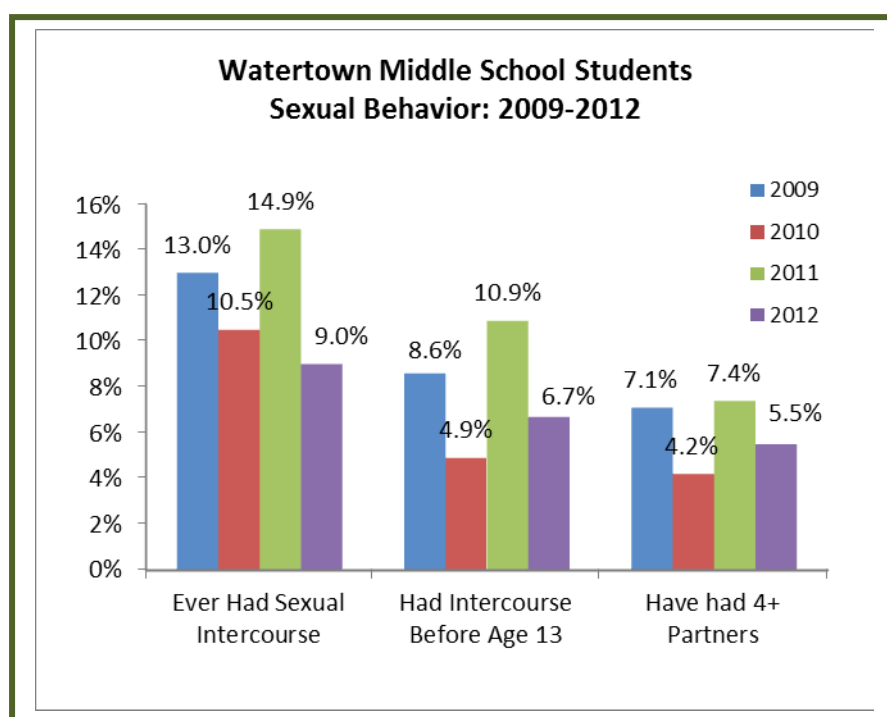
In 2012, 9% of all middle school students reported having ever had sexual intercourse; and just over five percent (5.5%) of students reported having four or more partners in their lifetime.

13% of middle school students reported receiving HIV/AIDS or sex education in school, a dramatic decrease from 2011 (58.3%), and less than half (47.7%) reported using a condom at last intercourse.

Communication between parents and their children is a protective factor for early sexual encounters:

76.7% of students who reported having had sexual intercourse before age 13 also report that they do not go to parents/guardians with their problems.

47.7% of middle school students report using a condom at last intercourse.



Watertown Middle School

Perceptions of Harm

Watertown Middle School students were asked about their perceptions of harm related to substance use. This information is useful for planning strategies to guide health educators and help Watertown Youth Coalition in its prevention planning efforts. This report elaborates on this in the [WYC: We Hear You](#) section of this report.

2012 Highlights

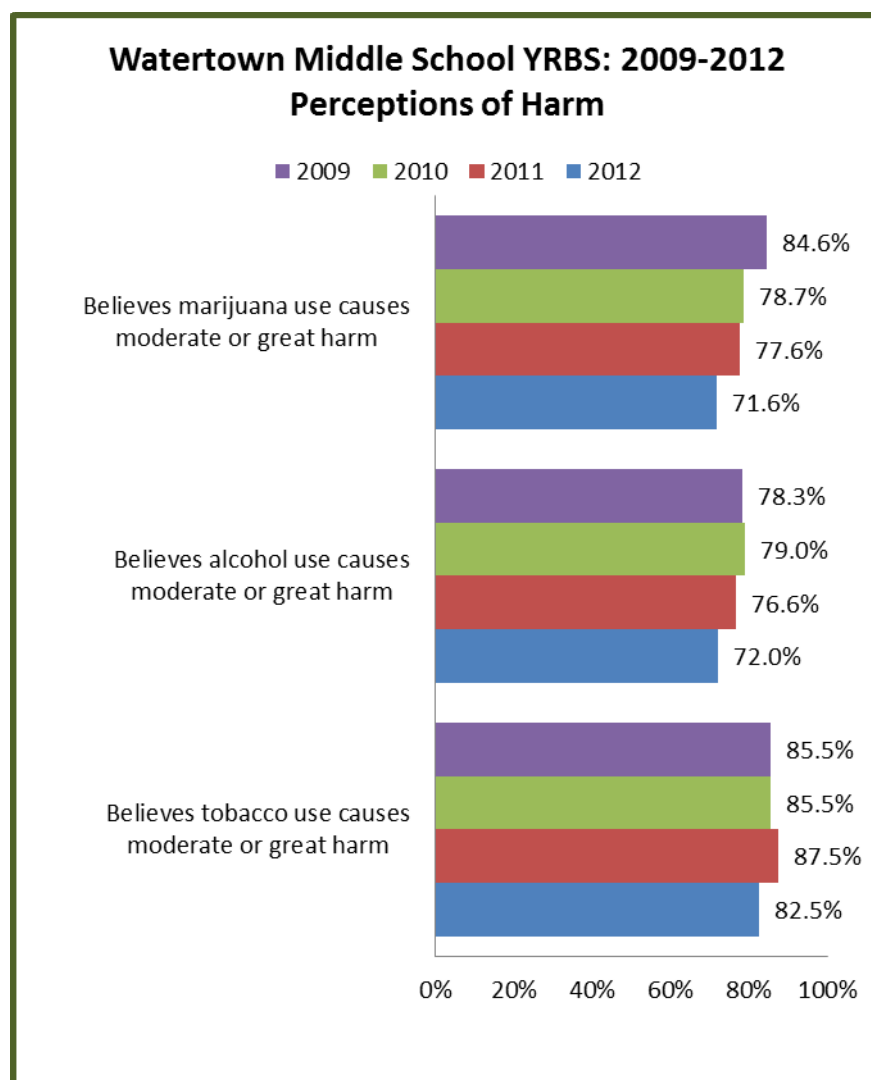
In 2012, 72% of Middle School students reported that they believe that people who binge drink (five or more drinks once or twice a week) risk harming themselves (physically or in other ways) moderately or greatly.

Perceptions of risk from binge drinking, cigarette use, and marijuana use all decreased from the previous 3 years 2009-2011.

Girls are slightly more likely to report that alcohol (76.3% of girls vs. 68.4% of boys) and marijuana (76.3% of girls vs. 68% of boys) cause moderate or great harm.

Middle school students on sports teams were more likely to report that binge drinking causes moderate or great harm (74.8% of students on teams vs. 64.3% of students not on teams) and believe that marijuana causes moderate or great harm (74.8% of students on teams vs. 62.7% of students not on teams).

About 5.0% of students on teams and 8.7% of students not on teams report binge drinking in the last 30 days, while 4.8% of students on teams and 7.4% of students not on teams reported marijuana use in the past 30 days.



Watertown Middle School

Protective Factors

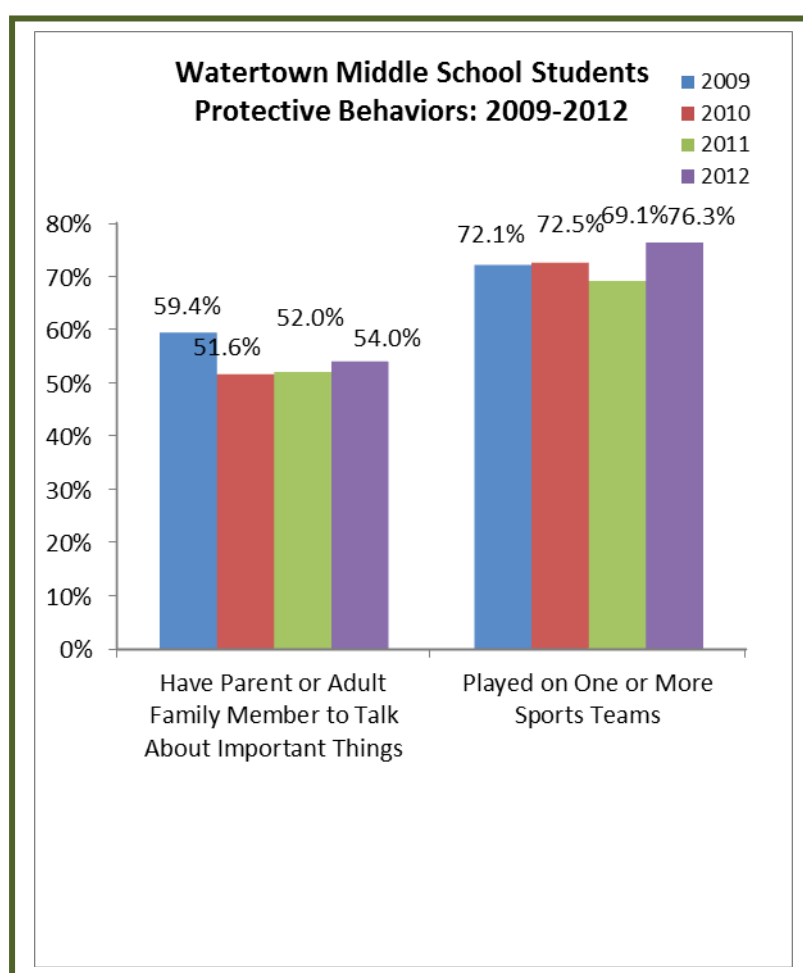
The YRBS uses the term “*protective factors*” to describe influences, or experiences that help young people become resilient, resist pressures to engage in dangerous activities, and develop healthy lifestyles. The strength of these influences and experiences is often a key indicator as to how students will respond to the multiple challenges they face throughout the year. This report further explores some of these influences and experiences in [The Big Picture](#) section of this report.

2012 Highlights:

54% of students report that they usually talk to their parent or guardian about things that are important to them.

Although connection to a caring adult at school is a protective factor, only 11.7% of students reported that they have a teacher/ guidance counselor or someone at school to talk to about things that are important to them. This issue is currently being addressed at the middle school.

Academic achievement is a protective factor. 85.8% of middle school students report receiving mostly A's and B's. Please see [student handbook](#) for a list and explanation of academic supports offered in the middle school.



Watertown Middle School

Students at Increased Risk

Although lesbian, gay, bisexual, Transgendered and questioning (LGBTQ) youth consist of a relatively small group (42 out of 459 students or 9.2%), they are at a higher risk for many risk behaviors on the YRBS including alcohol, cigarette and drug use, depression and suicide, bullying, risky sexual behavior, and diet pill use. Efforts to promote acceptance, respect and support for these and other students are included in the [WYC: We Hear You](#) section of this report.

2012 Highlights

LGBTQ students were *seven times* more likely to drink alcohol in the past 30 days than straight students (36.6% compared to 4.8%).

LGBTQ students were almost *three times* more likely to binge drink in the past 30 days than straight students (57.1% vs. 19.8%).

More LGBTQ youth reported ever smoking cigarettes than straight youth (40.5% vs. 7.5%).

LGBTQ youth were *twenty six times* more likely to smoke cigarettes in the past 30 days (31.7%) than their straight peers (1.2%).

A higher percentage of LGBTQ students than their straight peers report trying illicit drugs, such as cocaine (28.6% vs. 2.4%), inhalants (26.2% vs. 4.4%), OTC meds (23.8% vs. 1.5%) and someone else's prescription drugs (16.7% vs. 1.9%).

LGBTQ youth were also twice as likely to consider suicide than their straight peers (31.7% vs. 14.3%) and nine times more likely to attempt suicide (23.1% vs. 2.4%).

LGBTQ students were more likely to be bullied than straight students (41.5% vs. 30.3%).

LGBTQ youth were seven times as likely to have had sexual intercourse (41.5%) than their straight peers (5.9%).

LGBTQ students were more likely than their straight peers to use diet pills to lose weight (14.6% vs. 3.2%).



“Perhaps the most crucial finding is that both the school and the home environment are able to protect LGB and questioning students. Not all students who identify themselves as LGB or questioning will suffer high rates of depression and drug use when families or schools are supportive of their sexual orientation.”

Dr. Dorothy Espelage,
University of Illinois Urbana-
Champaign



The Big Picture

The Big Picture

Introduction

Throughout this report the emphasis has been on adolescent risk behaviors. However, it is equally important to note that most young people in Watertown *do* make healthy choices and *do not* engage in behaviors that threaten their health or safety.

The Middle and High School sections conclude with reports on four year trends in Protective Factors. Given the impact of protective factors on the health and well being of Watertown youth, The Big Picture expands on what was reported to look further at the dynamics involved in *Relationships with Parents/Guardians, Perception of Harm, Access and Community Attitudes*.

Protective Factors

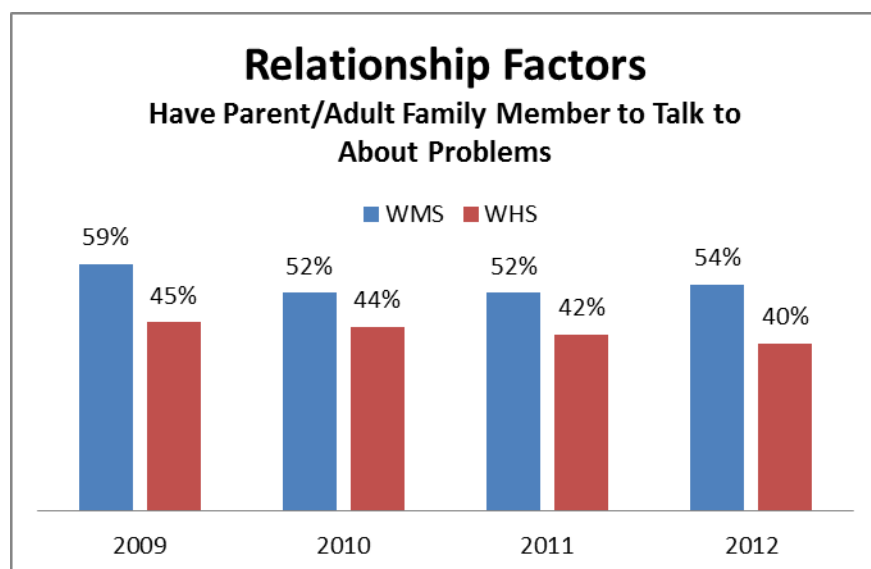
The YRBS uses the term “*protective factors*” to describe influences or experiences that help young people become more resilient, resist pressures to engage in dangerous activities, and develop healthy lifestyles. The strength of these influences and experiences is often a key indicator as to how students will respond to the multiple challenges they face throughout the year. One of the most important influences on adolescents is the strength of their relationship to family.

Relationship Factors

In 2012, more than half of Middle School students (54%) report that they go to parents/adult family member with their problems; down since 2009 (59%).

39.8% of High School students report they go to their parent or guardian with their problems; slightly down from 2011 (42%).

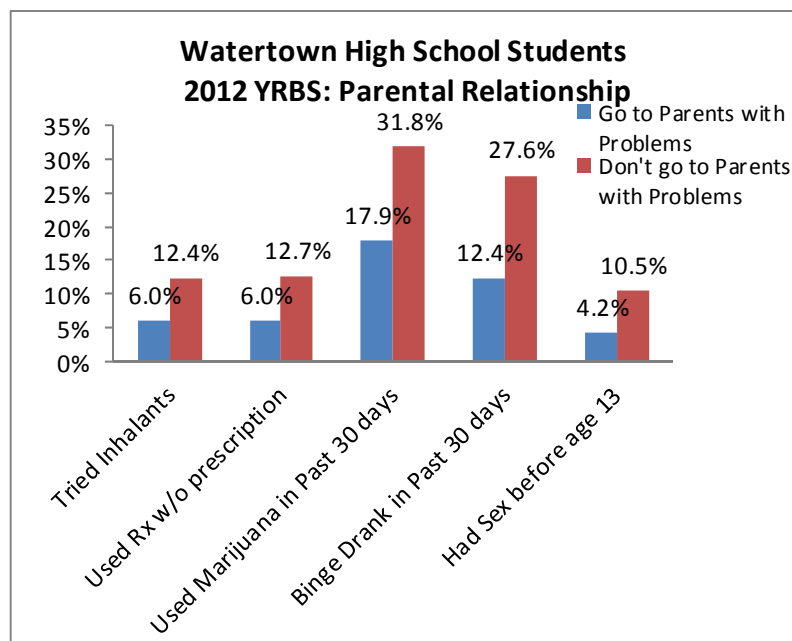
Research shows that family support is one of the most important protective factors associated with lower rates of many risk behaviors.



The Big Picture

Relationship with Parents/Guardians

Strong bonds between parents/guardians and/or adult family members and their teenage children is the most important way to prevent them from becoming involved in risky behavior. Despite what teens may say, parents do play a critical role in determining what influences them. This report documents that students who receive strong support from adults/guardians are much less likely to get involved in risky behaviors.



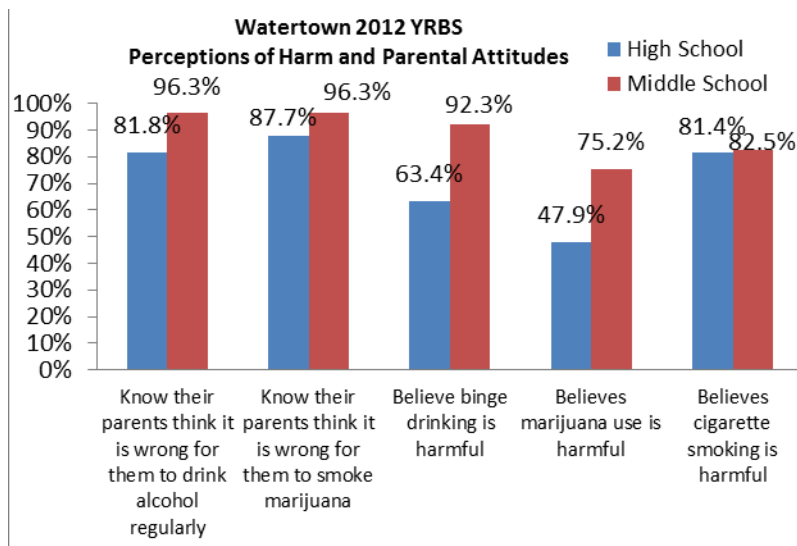
Parents Corner

- Make a regular date with your teen
 - Let them know how important they are to you
 - Listen to what they have to say
 - Validate their feelings without judgment; you are empowering them to continue talking to you
 - Approach concern with education or advice to encourage continued discussion and problem-solving
 - Include your teen in finding solutions to problems
 - Take care of yourself -- parents who take care of themselves can best help their teens
 - It's never too late to begin talking with your teen: Start creating routine opportunities for communication -- on the way to music lessons, during a game, at family dinners. Research supports that eating together as a family has a positive effect on kids making healthy choices.
- Talk early and often about your concerns—and theirs—regarding alcohol. Adolescents who know their parents' opinions about youth drinking are more likely to fall in line with their expectations.
 - Establish policies early on, and be consistent in setting expectations and enforcing rules.
 - Work with other parents to monitor where kids are gathering and what they are doing. Being involved in the lives of adolescents is the key to keeping them safe.
 - Work in and with the community to promote dialogue about underage drinking and the creation and implementation of action steps to address it.
 - Be aware of your State's laws about providing alcohol to your own children.

The Big Picture

Perception of Harm

Perception of harm is another important factor in the decision making process that young people go through when deciding whether or not to engage in high risk behaviors. Teenagers in general have a difficult time estimating potential negative long-term effects; however, when the perceived risk of harm is high, reported frequency tends to be low.



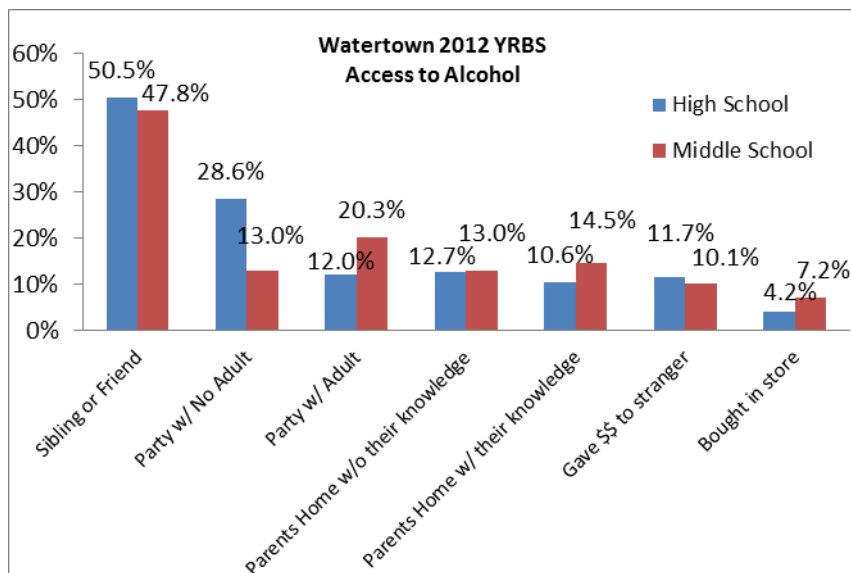
Perception Factors

96.3% of Middle School students and 81.8% of High School students report that they know their parents think it is wrong for them to drink alcohol regularly.

Teens' perceptions of their family and their friends attitudes concerning alcohol, drug use and other risky behaviors is reportedly a strong protective factor for adolescents.

Access

Access refers to where and how teens get alcohol and other drugs. Underage drinking is a significant public health issue that affects the health and well being of youth, and takes a heavy physical and emotional toll on their families, communities and society as a whole.



Accessibility Factors

High school students who report ever drinking said that their primary access to alcohol was from a sibling or friend (50.5%). Middle school students report primary access was from sibling or a friend (47.8%).

The more available alcohol, tobacco and other drugs are, the higher the risk is that young people will use them.

Increased alcohol use is associated with the perception that it is readily available, regardless of whether the perception is accurate.

Note: Percentage based on students who reported ever trying alcohol whereas previous charts reported on those who had reported drinking alcohol in the past 30 days.

The Big Picture

Perception of Norms

For the first time, the 2012 YRBS asked the students what percentage of their fellow students they thought engaged in certain risky behaviors. We can use this information to dispel misperceptions and decide on which topics to focus our social norms campaign. We found that many students thought the rates of substance use were much higher than they actually were.

HIGH SCHOOL

52.8% of kids (271 students) thought more than half of students drank alcohol in the past 30 days

Right?



Actually!
Even though over HALF of HS students think more than half of other students drink, only 35.5% do!

MIDDLE SCHOOL

28.5% of kids (129 students) thought 15% or more of students drank alcohol in the past 30 days

Right?



Actually!
Even though over a QUARTER of MS students think 15% or more of other students drink, only 7.3% do!

In other words, students often overestimate the percentage of their peers that engage in risky behavior. Studies have shown that youths' perception of peer behavior influences their own behavior. See [WYC: We Hear You](#) section for more information on changing these perceptions through social norms marketing.

The Big Picture

Community Attitudes

“Adolescent perceptions of the rules and regulations concerning alcohol, tobacco and other drug use that exist in their neighborhoods are also associated with problem behaviors in adolescence.

Community norms—the attitudes and policies a community holds in relation to drug use and other antisocial behaviors—are communicated in a variety of ways: through laws and written policies, through informal social practices and through the expectations parents and other members of the community have of young people. When laws and community standards are favorable toward drug use, violence and/or other crime, or even when they are just unclear, young people are more likely to engage in negative behaviors.” (Bracht and Kingsbury, 1990).

One-on-One Dialogue Results

As part of the Communities Mobilizing for Change on Alcohol initiative the Watertown Youth Coalition utilizes One-on-One Dialogues to evaluate community attitudes and knowledge. We met with community members to hear their thoughts and insights about underage alcohol use and other related topics. We received helpful information that informed our decisions about what to focus on in the work we do. Some of the highlights are listed below:

- Youth and adults both think that underage alcohol use in Watertown is serious.
- Residents believe that top risky behaviors associated with underage alcohol use are: drunk driving, making poor choices, unprotected/unsafe sexual activity, and police involvement.
- Alcohol is a gateway drug to other risky behaviors.
- Marijuana is most commonly used, and many mention prescription drugs
- Both youth and adults said youth obtain their alcohol mostly from home, older siblings, and other older kids.

Ideas about ways to prevent underage alcohol use and other risky behaviors:

- More community activities with free or affordable admission
- Connecting youth to meaningful community service
- More peer-peer empowerment programs like Peer Leadership with younger kids
- More ways for parent-to-parent connection and support and education
- Increase police involvement - street and park watch, bring back Cops & Kids, bring back School Resource Officer to the middle school

The Big Picture

Social Host Law

The legal drinking age in Massachusetts and every other state is 21. It is against the law to serve or provide alcohol to underage guests or to allow them to drink alcohol in your home or on other property you control.

[The law in Massachusetts](#)

Massachusetts' social host law forbids adults to knowingly or intentionally provide alcohol to minors or to allow them to drink in their homes. Here are some of the facts:

- **Social host:** An adult or juvenile who is in control of premises and who serves alcohol or allows it to be consumed on those premises.
- **Social host liability:** You can be held financially responsible if your child or guest injures or kills another person after you permit your child or guest to drink alcohol in your home or other property you control.
- **Underage:** The legal drinking age in Massachusetts and every other state is 21. Someone under 21 cannot legally drink alcohol.
- **Negligence:** Failure to do what is required; carelessness; inattention. You are negligent if you permit an impaired and/or underage guest(s) to drink alcohol at your home.

WYC: We Hear You

WYC: We Hear You



Introduction

The Watertown Youth Coalition (WYC), overseen by Wayside Multi-Service Center, a program of Wayside Youth & Family Support Network, is a community based coalition of youth, parents, educators, law enforcement, health professionals, clergy, and local business owners committed to fostering healthy and positive life styles among Watertown youth. WYC's mission is to enhance the abilities of children, teens, parents and the community to increase healthy decision-making and decrease unhealthy risky behaviors. WYC is able to provide these services through grants from the MA Department of Public Health Bureau of Substance Abuse Services (BSAS) Underage Drinking Prevention Grant, the US Department of Education Grant to Reduce Alcohol Abuse (GRAA) and the U.S. Substance Abuse and Mental Health Services Administration Sober Truth on Alcohol Grant (STOP). [Watertown Youth Coalition](#)

WYC partners with Watertown High School and Watertown Middle School to administer the YRBS, and produces *The Well Being of Watertown Youth* based on survey results. The results of the YRBS are benchmarks for WYC's mission. They enable WYC to target escalating risk behaviors and provide solutions through a variety of community based initiatives including social marketing campaigns, public events and seminars.

Vital to the success of these public initiatives is WYC's Peer Leadership group. This program empowers Watertown High School Students to become *Peer Leaders* through their active participation as advocates in helping to shape and implement positive change in their community.



July 2012, Peer Leaders (left to right) Bryanna Dowcett, Michelle Gallego, and Jadzia Lee participated in the Community Anti-Drug Coalitions of America (CADCA)'s National Youth Leadership Initiative in Nashville, TN. The Peer Leaders along with Peer Leader Advisor Sara Berkowitz represented the Watertown Youth Coalition at this four-day conference. The youth collaborated with other coalitions from around the country, learned about foundations of prevention work, identified leadership skills, and even had the opportunity to create strategies for reducing underage drinking in Watertown. These leaders are excited to bring the skills they've learned back to Watertown High School!

WYC: We Hear You

Tobacco use prevention and reduction

In response to the issue of tobacco use among youth, the WYC Peer Leaders have signed up to be an 84 Chapter. According to the [84 website](#) “*The 84 is a movement* - led by young people from all over Massachusetts to fight for a tobacco-free generation. The 84 is a forum for youth voice and thought. Through The 84 Chapters, young people work in their own communities or schools to fight tobacco addiction and the industry.”

As members of the 84 movement, our peer leaders attended two trainings, and have been given suggestions for activities to get others in the community involved. So far we’ve done a photo booth, a presentation, and are considering making a PSA. For more info on the 84 and our chapter updates go to: <http://www.the84.org/chapters-home/chapter-listing/watertownyc/>

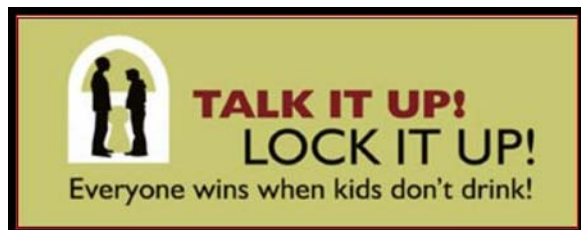


Catherine Camelio, Caitlyn D’Amico, Bryanna Dowcett, Michelle Gallego, Arpine Israelyan, Jadzia Lee, Joanne Lewenstein, Sarah Rahim, Jessica Russo

WYC: We Hear You

WYC Social Marketing Campaigns

'Social Marketing' is a traditional marketing practice used to “sell” a behavior -- such as “not providing alcohol to youth under age 21.” Following are examples of Social Marketing campaigns WYC has implemented:



If you have been in Watertown in the past few years, you have probably noticed *'Talk it Up! Lock it Up!'* banners and posters -- in schools, public buildings, local businesses, and at events. In 2005, the YRBS reported that teens were primarily getting alcohol from their parents'/guardians' home, with or without their knowledge. In response, WYC began its Talk it Up! Lock it Up! (TIU/LIU) to inform parents about the important role they play in reducing teen drinking by closely monitoring the alcohol within their own home AND by talking with their teen about not drinking.



In 2006 WYC began the *'It's on YOU'* campaign in collaboration with the Watertown Police and school departments. Targeting adults aged 21 and over, this campaign included a sticker initiative in liquor stores to educate buyers on the consequences of buying liquor for youth under age 21. In 2012 WYC revamped this campaign by printing updated stickers, which the Peer Leaders then passed around to almost every liquor store in Watertown.



WYC: We Hear You

Social Marketing Campaign 2012-2013

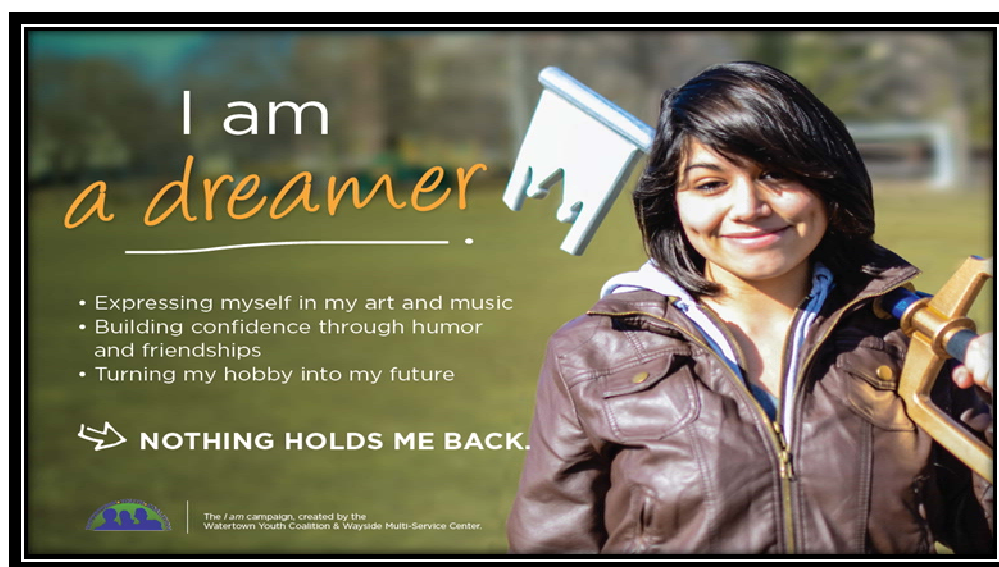
Social Marketing is a type of marketing that uses various tools (i.e., Facebook, posters, banners) to promote positive behavior changes. The WYC is using a social marketing campaign as a substance abuse prevention strategy to reduce underage alcohol use among Watertown youth.

Summer of 2012, the WYC peer leaders participated in brainstorming sessions to identify the goals of the campaign and the best approach. The peer leaders decided to address underage alcohol use by trying to change the perception that drinking is the only way to have a good time. Alternatives to drinking are addressed by emphasizing positive behaviors that replace substance use, such as promoting healthy decision making, goal setting, and owning a positive image.

As a result, the *"I am..."* campaign was created.

The *"I am..."* campaign is about recognizing a part of your identity that you feel good about and are proud to share with others. It also outlines some of the steps that the student takes to help them maintain that identity.

The first phase of the *"I am..."* campaign has five different posters each showing an image of a Watertown High School student and/or a stock photograph of a teen participating in an activity they are passionate about. On each poster, the text reads *"I am ..."*



Michelle Gallego: Watertown High School Senior

WYC: We Hear You

The students and peer leaders worked together to decide how to identify themselves. Some examples include: "I am a role model," "I am a team captain," and "I am the next Taylor Swift." The text that follows the title shows the decisions the student makes to help them achieve this identity (volunteering, staying focused, singing lessons, etc). Each poster ends with *"Nothing Holds Me Back."* "With an understanding of identity we have fewer roadblocks to achieve our dreams and goals!

These posters have been put up at Watertown High School and on the Watertown Youth Coalition Facebook Page and Website. The posters will also be displayed around the Watertown community.




Elisa Portz: Watertown High School Junior

The second phase of the campaign which will be rolled out in the late spring 2013 will read:

"I own my image"

And will encourage students to maintain a positive image both online and offline.

WYC: We Hear You




I am
FOCUSED ON THE POSITIVES.

- A long rehearsal means a better show
- A summer job means independence
- 4 years of high school means better options for my future

⇒ **NOTHING HOLDS ME BACK.**

The I am campaign, created by the Watertown Youth Coalition & Wayside Multi-Service Center.



I am
directing my own life.

- The videos I produce make me original
- Classic movies motivate me to create
- Friends and family support my dream

⇒ **NOTHING HOLDS ME BACK.**

The I am campaign, created by the Watertown Youth Coalition & Wayside Multi-Service Center.



I am
a writer.

- I find my voice through my creativity
- I blog to help build my fan base
- I listen to everyone so I don't miss a story

⇒ **NOTHING HOLDS ME BACK.**

The I am campaign, created by the Watertown Youth Coalition & Wayside Multi-Service Center.

WYC: We Hear You

WYC-Sponsored Events

WYC hosted a Town Hall meeting titled, 'What are Teens Thinking?' Dr. Traci Brooks from Cambridge Health Alliance discussed the negative impact of alcohol and marijuana on the adolescent brain.

The panelists included Dr. Brooks, Jennifer Rifkin from the Institute for Health & Recovery, Detective Tom Grady from the Watertown Police Department, Steve Watson, headmaster of Watertown High School, and Andrew Allegro, youth worker at the high school.

What are TEENS Thinking?
 Wayside Multi, Watertown Youth Coalition & Public Schools
 invite YOU to a **Town Hall Meeting**

For Parents & Teens

Understanding the Development
 of the **Teen Brain:**
 The Impact of Alcohol & Marijuana
Wednesday, May 2
 6:30 - 8:00 PM
 (Doors open at 6:00 PM - light refreshments)
Watertown High School
 Opening remarks by Representative **Jon Hecht**
Keynote Speaker:
 Dr. Traci Brooks, Director of Adolescent Services, Cambridge Health Alliance
Panelists:
 Jennifer Rifkin, Institute for Health & Recovery
 Detective Tom Grady, Watertown Police Department
 Steve Watson, Headmaster, Watertown High School
 Andrew Allegro, Watertown Public Schools

■ **FREE Child Care** for Children 4+ RSVP: 617-926-3600 x 311
 ■ For more information, contact Melanie at 617-926-3600 x 307

RAFFLE DRAWING
 Chance to WIN an iPod Touch & more

Sponsored by: Wayside Multi Service Center & Watertown Public Schools
 Funded by: The MA Dept of Public Health, Bureau of Substance Abuse Services, US Department of Education, Grant to Reduce Alcohol Abuse, US Center for Substance Abuse Prevention, STOP Underage Drinking Grant
 watertownyouthcoalition.org



Peer Leaders Michelle Gallego and Tessa Colameta presented YRBS data about underage drinking at the Alcohol Licensing Forum held at the Watertown Police Department. Pictured left to right, top row: WYC, Wayside Community Organizer Melanie St. Pierre, Alcohol Beverage Control Commission Investigator & Trainer Caroline Guarino-Willchosky, Tessa Colameta, WYC, Wayside Program Coordinator Stephanie Sunderland-Ramsey, and Detective Tom Grady. Bottom row: WYC, Wayside Peer Leader Advisor Sara Berkowitz and Michelle Gallego.

WYC also hosted an event about understanding the Social Host law.

Presenters included Brooke Lane, Middlesex Assistant District Attorney and Christopher Parkenson Attorney-at-Law. Pictured left to right are Christopher Parkenson, WYC Program Coordinator Stephanie Sunderland-Ramsey, Watertown Schools Physical Education & Health Coordinator Donna Ruseckas, WHS Student Resource Officer Kerry Kelley, and Brooke Lane.



WYC: We Hear You

Watertown Healthy Youth Program

In 2010 WYC, Wayside Multi-Service Center and the Watertown Public Schools launched a new comprehensive program called *Watertown Healthy Youth* that introduced a professional development seminar series for teachers and administrators at Watertown Middle and High schools. In addition, this program oversaw the administration of a climate survey, funded a Student Assistance Program Clinician at the High School, funds a Health Educator at the Middle School, ongoing social marketing campaigns and life Skills Curriculum in the Middle School. The Watertown Healthy Youth program continues to support the administration of the YRBS and WYC's Peer Leadership program through July 2013-- all of which promote healthy behavior and reducing alcohol use. *The Grant to Reduce Alcohol Abuse* (GRAA), a one million dollar, three-year grant from the U.S. Department of Education made these efforts possible.

Watertown Healthy Youth Seminar Series

The Learning and Leadership Professional Development Series began a monthly seminar series called "*Creating and Promoting a Welcoming and Sustaining School Culture*," for teachers and administrators throughout the district to encourage a strengths-based, healthier climate within the schools. This is our third year running this Learning & Leadership course which will be sustained by the faculty involved this year in years to follow.

2011-2012 & 2012-2013 Learning and Leadership Professional Development Series:

- Colby Swettberg, Ed.M., LCSW, facilitates "*Communication & Coaching for a Caring School Community*," a monthly series on communication strategies to deal with difficult situations in the school community, another effort to increase a positive and caring climate in WPS

WYC: We Hear You

Diversity Programs



WYC Peer Leaders Sasha Grodsky, Gabriela Aquino, and Golshan Zaheri in front of a SPEAK Week table

Formerly known as Diversity Week, WYC Peer Leaders organized SPEAK Week (Sharing Personal Experiences and Knowledge) at the High School in March of 2012 and 2013. SPEAK week came from conversations around ways to help students express their individuality as well as recognizing commonalities within the school. SPEAK week also serves as a protective factor against risky behaviors by aiming to increase connections within the WHS community.

Multiple interactive activities, speakers, and a collaborative art project occurred over the week in collaboration with Watertown High School's Gay-Straight Alliance, International Club, and Armenian Club. Both years, SPEAK week was enhanced by outside presenters who came to share their own experiences. In 2012 Barb Greve spoke about gender and identity and Kevin Johnson talked about unpacking our own biases when it comes to culture. In 2013, Mali Cantor helped students explore how culture is a lens through which we see the world, and representatives from SpeakOut Boston and PFLAG spoke – their experiences with gender, sexuality and identity.

SPEAK Week was made possible by the Massachusetts Department of Public Health, Youth at Risk Grant and the Watertown Community Foundation Grant, which the WYC received in collaboration with the World in Watertown and the Watertown Public Schools.

Please read articles about SPEAK week from the [Watertown Patch](#) and [WHS Headmaster's blog](#)

WYC: We Hear You



WYC Peer Leaders: Elisa Portz, Kelly Horan, Jadzia Lee, Joanne Lewenstein, Zac Buchanan & Peer Leader Advisor Sara Berkowitz



Art Project designed, created and assembled in 2012 with direction from Artist Tova Speter

Acknowledgement & Thanks

Acknowledgements & Thanks

The Watertown Youth Coalition (WYC) *thanks* the extended Watertown community of youth, parents, educators, law enforcement officials, health professionals, clergy, and local business owners whose dedication to fostering healthy and positive life styles among Watertown youth *are essential to the* well being of Watertown youth. We would also like to extend our particular thanks to the Watertown High School and Middle School students who participated in the 2012 YRBS, as well as the Watertown Public School and Wayside staff whose continued commitment to the health and well being of Watertown youth were crucial to the development of this report.

Volunteers: Participated in ongoing YRBS Sub-Committee Meetings

Deborah Peterson, Community Member

Nicole Dube, Watertown Middle School Health Educator

Candace Miller, Parent, Community Member

Anne Wang, Parent, Community Member

Elizabeth Pratt, Parent, Community Member

Stephanie Venizelos, Parent, Community Member

Stephanie Sunderland-Ramsey, Coalition Staff, Chairperson YRBS Committee

Watertown Youth Coalition Staff: Wayside Youth & Family Support Network, Multi Service Center:

Laura Kurman, Program Director

Stephanie Sunderland-Ramsey, Program Coordinator

Sara Berkowitz, Peer Leadership Advisor

Melanie St. Pierre, Community Organizer

Jamie Erdheim, Research Assistant

Evaluation Staff:

Peter Kreiner, Ph.D., Scientist, Brandeis University, Heller School for Social Policy and Management

Meelee Kim, Research Associate, Brandeis University, Heller School for Social Policy and Management

Ruslan Nikitin, Research Associate, Brandeis University, Heller School for Social Policy and Management

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WYC Peer Leaders:

Andrew Balley, Tina Barsoumian, Zac Buchanan, Catherine Camelio, Lis Claveijo, Caitlyn D'Amico, Daniel D'Amico, Bryanna Dowcett, Alice Elbakian, Daniel Flores, Michelle Foun, Stephanie Frankian, Michelle Gallego, Zoe Grodsky, Rebecca Grossman, Adrine Harutyunyan, Kelly Horan, Arpine Israelyan, Varteni Jamakorjian, Jadzia Lee, Joanne Lewenstein, Lena Lewenstein, Sabrina Nebiye, Amilia Petrosyan, Nanah Petrosyan, Elisa Portz, Sarah Rahim, Jessica Russo, Eve Souliotis, Rose Souliotis, Ahmad Taha, Samantha Tat, Thomas Tat, Michaela Toland, Rami Wehbe, Ashlee Wisniewski

WYC Steering Committee Members:

Ralph Vitiello Joes,	Watertown Youth Coalition Co-Chairperson, Local Business, Not Your Average General Manager
Michael Dattoli Lowell	Watertown Youth Coalition Co-Chairperson, Parent, Instructional Assistant at Elementary School
Mark Sideris	Watertown Town Council President, Parent
Anne Korte	Parent, Watertown Middle School PTSO member
Tony Polomba	Town Councilor, Parent
Kenneth Woodland	Town Councilor, Resident
Martha Cessin	Parent
Stephanie Sunderland-Ramsey, Sara Berkowitz, Melanie St. Pierre (Wayside/Coalition staff)	
Eliza Portz	Peer Leader
Amilia Petrosyan	Peer Leader
Nanah Petrosyan	Peer Leader

Watertown Public Schools:

Jean Fitzgerald Ed. D., Superintendent
 Darilyn Donovan, Assistant Superintendent
 Donna Ruseckas, Phys. Ed/Health Coordinator
 Marilyn Salvas, Information Systems Specialist
 Steve Watson, Headmaster Watertown High School
 Annmarie Boudreau, Associate Headmaster Watertown High School
 Kimo Carter, Principal Watertown Middle School
 Jason DelPorto, Assistant Principal Watertown Middle School
 Dan Dressler, Web Master

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Community Stakeholders, Agencies and Individuals working with WYC:

Watertown Police Department, Chief Edward Deveau & Sergeant Detective Tom Grady, Watertown Boys & Girls Club, The Watertown Community Foundation, World in Watertown, Watertown School Committee, Watertown Town Manager Michael Driscoll and Town Council, Watertown Health Department, Watertown Patch, Watertown Tab and Press, Simon Youth Foundation, Miller Tracy Foundation, Harvard Vanguard Medical Associates, State Representative Jonathan Hecht, State Senator Will Brownsberger, State Representative John Lawn.

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Candace M. Miller, Sc.D. MHS, Assistant Professor, Boston University School of Public Health
Jamie Erdheim, Former Watertown Youth Coalition Staff, Research Assistant
Stephanie Sunderland-Ramsey, Wayside Program Coordinator, Watertown Youth Coalition Staff
Deborah Peterson, Research Analyst, Human Services Research Institute in Cambridge
Ruslan Nikitin, Brandeis University, Heller School for Social Policy and Management
Meelee Kim, Brandeis University, Heller School for Social Policy and Management
Peter Kreiner Ph.D., Brandeis University, Heller School for Social Policy and Management
Laura Kurman, Program Director, Wayside Multi-Service Center

Additional Information:

For more information about the Watertown Youth Risk Behavior Survey, please contact the Watertown Youth Coalition at (617-926-3600) or: www.watertownyouthcoalition.org/. For more information about the National Youth Risk Behavior Survey, please visit the CDC website at www.cdc.gov/yrb

Resources

Resources

Community Resources

Watertown Youth Coalition

Stephanie Sunderland-Ramsey

Email: Stephanie_Sunderland@waysideyouth.org

617-926-3600 x311

www.watertownyouthcoalition.org

Wayside Multi-Service Center

Laura Kurman, MA, LMFT, Program Director

Email: Laura_Kurman@waysideyouth.org

617-926-3600 x308

www.waysideyouth.org

Student Assistance Program Clinician at Watertown High School

Becket Rhodes, MA, LMHC: rebecca.rhodes@watertown.k12.ma.us

Watertown Police

WHS School Resource Officer

Officer Kerry Kelly, Watertown Police Department, Student Resource Officer

Email: kerry.kelley@watertown.k12.ma.us

617-972-6551 (Station)

Watertown High School (WHS)

WHS Guidance Counselors:

[Adrienne Eaton](mailto:adrienne.eaton@watertown.k12.ma.us): adrienne.eaton@watertown.k12.ma.us

[Katja Baker](mailto:katja.baker@watertown.k12.ma.us): katja.baker@watertown.k12.ma.us

[Jaimie Leonard](mailto:jaimie.leonard@watertown.k12.ma.us): jaimie.leonard@watertown.k12.ma.us

[Kim Osborne](mailto:kimberly.osborne@watertown.k12.ma.us): kimberly.osborne@watertown.k12.ma.us

All can be reached at 617-926-7736

www.watertown.k12.ma.us/whs/guidance/index.html

WHS Nurse:

Joan Corkery: joan.corkery@watertown.k12.ma.us

617-926-7758

www.watertown.k12.ma.us/dept/medical/index.html

WHS School Resource Officer

Officer Kerry Kelly, Watertown Police Department, Student Resource Officer

Email: kerry.kelley@watertown.k12.ma.us

617-926-7799 (School)

Resources

Watertown Middle School (WMS)

WMS Guidance Counselors:

Debra Carolan: debra.carolan@watertown.k12.ma.us

Brent Rademacher: brent.rademacher@watertown.k12.ma.us

Stacy Stern: stacy.stern@watertown.k12.ma.us

All can be reached at 617-926-7783

www.watertown.k12.ma.us/whs/guidance/index.html

WMS Nurse Leader:

Lillian Brooks: lillian.brooks@watertown.k12.ma.us

617-926-7783 x1046

www.watertown.k12.ma.us/dept/medical/index.html

Additional School Resources

Director of Student Services: (District)

Elisabeth Schaefer: elisabeth.schaefer@watertown.k12.ma.us

617 926-7767

<http://watertown.k12.ma.us/dept/student/index.html>

Secondary Special Education Coordinator

Arlene Shainker: arlene.shainker@watertown.k12.ma.us

617-926-7760

www.watertown.k12.ma.us/dept/student/sped/highschool.html

Guidance Department: (K-12)

Coordinator of Assessment and Guidance:

Barbara Gortych, Ph.D.: barbara.gortych@watertown.k12.ma.us

617-926-7736 ext. 6602

www.watertown.k12.ma.us/whs/guidance/index.html

Screening for Mental Health, Inc. (Signs of Suicide Program)

Email: youth@mentalhealthscreening.org

781-239-0071

www.mentalhealthscreening.org/

Emergency Services Programs and Mobile Crisis Intervention Services

Advocates, Inc. and Wayside Youth & Family Support Network, Inc.

800-540-5806

Watertown Bullying Prevention & Intervention

www.watertown.k12.ma.us/wps/bullying/index.html

Resources

Local Hospital Resources

Children's Hospital

Adolescent Substance Abuse Program (ASAP)

Intake and Scheduling: 617-355-2727

www.ceasar-boston.org

Institute for Health and Recovery (IHR)

Youth Central Intake Adolescent Programs

Youth Substance Abuse Program Referral: 617-661-3991 or 617-599-4099

www.healthrecovery.org

Mass General Hospital Addiction Services

Addiction Recovery Management Services (ARMS)*

617.643.4699

www.addictionanswers.com

Mt. Auburn Hospital

Prevention & Recovery Center: 617-499-5051

www.mountauburnhospital.org

McLean Hospital

[Adolescent Acute Residential Treatment](http://www.mcleanhospital.org/patient/child/addr.php)

877.412.3445 or 617-855.2800

www.mcleanhospital.org/patient/child/addr.php

Massachusetts Resources

Massachusetts Substance Abuse

Information and Education Helpline

800-327-5050

www.helpline-online.com

www.adolescent-substance-abuse.com

The Massachusetts Aggression Reduction Center

<http://webhost.bridgew.edu/marc/>

Suicide Prevention Resource Center

Suicide Risk and Prevention for LGBTQ and Transgender Youth

877-GET-SPRC (438-7772)

www.sprc.org

Massachusetts Department of Public Health

(Information on prevention of alcohol and other drug use)

www.state.ma.us/dph/bsas

Resources

National Resources:

Alcoholics Anonymous

617-426-9444

www.aaboston.org

AlAnon (for family and friends of alcoholics)

888-425-2666

www.alanon.org

Narcotics Anonymous

866.624.3578

www.na.org

Marijuana Anonymous

800.766.6779

www.marijuana-anonymous.org

Online Resources

HelpGuide, Org

Online Resource for information about Emotional and Mental Health Issues

<http://helpguide.org/>

- Dealing with Teen Depression - Tips and Tools for Helping Yourself or a Friend
http://helpguide.org/mental/depression_teen_teenagers.htm
- Teen Depression - A Guide for Parents and Teachers
http://helpguide.org/mental/depression_teen.htm

CDC Healthy Youth

www.cdc.gov/healthyyouth/alcoholdrug/index.htm

Bullying Resources

www.stopbullying.gov

The Partnership at Drug Free.Org

www.drugfree.org/join-together

Parents. The Anti-Drug

www.theantidrug.com

abovetheinfluence.com

www.abovetheinfluence.com

Watertown Youth Coalition

www.watertownyouthcoalition.org



Promoting healthy & positive lifestyles

WATERTOWN YOUTH COALITION

Wayside Multi-Service Center

127 North Beacon Street

Watertown, MA 02472

617-926-3600

watertownyouthcoalition.org

waysideyouth.org



facebook.com/watertownyouthcoalition



WATERTOWN YOUTH COALITION PARTNERS



Harvard Vanguard
Medical Associates
Atrius Health

